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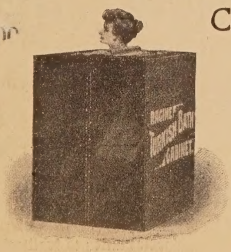

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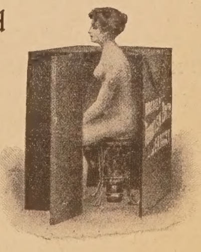

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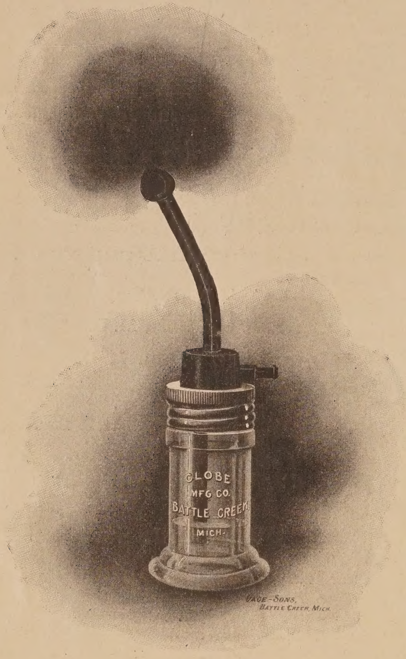

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SHORT NOTES ON TWENTY-FIVE CASES, SELECTED FROM FIVE MONTHS' SURGICAL SERVICE AT THE MARYLAND GENERAL HOSPITAL, WITH A SINGLE POST-OPERATIVE DEATH.

BY ROBERT W. JOHNSON, M. D.

Professor of Principles and Practice of Surgery, Baltimore Medical College.

In asking your attention to the following cases let me endeavor to interest you at the outset by stating that during the five months of my service I have lost but one operative case, and that owing to the fact that the whole frontal bone was broken into fragments by the kick of a horse, details of which will be seen when taking up the first series of cases, namely, fractures of the skull. There have, of course, been deaths on the surgical side of the hospital due to extensive burns, etc., cases brought into the hospital *in articulo mortis*, but the cases referred to are only where some form of operation has been done, and, I may add, in no case has an operation been neglected when there were indications for its use. That this series is not selected from a comparatively innoxious lot, let me say that it is taken from the general hospital record and includes some of the more interesting as well as the severer forms of injury, operations, or surgical diseases, as will be seen when you consider the gunshot wounds of the intestine, tetanus, etc. A very large number of cases, including compound fractures of limbs, have not been put down, as they offer no special interest from an operative standpoint, and have given no death rate. I have selected only a few typical cases, whose recovery, I think, reflect credit on the surgeon, as well as the nurses and institution.

The first series is one of four cases:

(a) COMPOUND FRACTURE OF THE SKULL.

Case I.—W. S., white, male, twenty-two years of age; fell fifteen feet, striking on his head. He was brought to the hospital February 10, with symptoms of concussion of the brain; partially conscious, restless, normal pulse and temperature. There were no marked evidences of either compression or depression and no external wound. He was treated by rest, quiet and sufficient opium, after catharsis, to render him tranquil and iced compresses to shaved head. After waiting forty-eight hours for improvement, I made incision over bruised area and found linear fractures without depression radiating from the occipital protuberance. As there was no indication for trephining, the wound was closed, and the above medical treatment continued. Except the occurrence of a stitch abscess about March 7, the patient gradually recovered, with pronounced deafness, since improved, the result probably of some of the linear fractures extending to the base of the skull. His delirium, with rise of temperature, gave evidence of a meningitis, which, happily, was not serious. This case is another instance showing the difficulty of diagnosticating a simple linear fracture without depression and compression from concussion without such fractures.

Case II.—M., colored, female, forty years old, was admitted to hospital February 11, having been struck by the sharp edge of iron plate from an exploded range. Besides burns of arms and face, she had a compound depressed fracture of skull over right eyebrow, in which we could feel the depression of the frontal bone. She was perfectly conscious, with no evidence of compression. In view of the clemency of the region to depression, I deemed it wise to close up the wound at once without trephining, especially as the nearby burns might easily contaminate the exposed brain coverings. She made an uneventful recovery.

Case III.—L. W., Chinaman, aged forty-five, was brought to hospital April 26, having been chopped in the head by his partner, who then hung himself. The offending instrument was a hatchet, and when the crucial incisions made by his friend were opened, there were corresponding incisions through the skull and meninges into the brain with depressed and jagged edges of bone presenting. The patient was severely shocked, but partly conscious, so that an anæsthetic was necessary. His queue and short hair around it were removed, parts disinfected with H_2O_2, the incisions in bone smoothed, all broken pieces removed and the wounds in brain washed out with 50 per cent. solution of H_2O_2; hemorrhage checked by iodoform gauze pack and the incision in scalp brought together over the gauze pack, careful asepsis being maintained in the dressing, etc. The gauze drain and pack were removed in forty-eight hours and the patient was sitting up writing a Chinese letter on the fourth day after the accident. No subsequent complications occurring, he was discharged fully recovered, but minus his queue, which he did not seem to regret. He has in its place, however, a Latin cross on the back of his head, which will serve to identify him if he keep his hair short.

Case IV.—G., aged twelve years, colored boy, was kicked by horse about 4 P. M., driven twelve miles, and sent by train to hospital, arriving at midnight. When first seen he had been already dressed, was conscious and complained of no pain, not even of headache. Twelve hours after I removed the dressing under chloroform and found the whole frontal bone shattered. I took out piece after piece of small broken bone, supra-orbital ridge, etc., dipping down into the ethmoid and exposing the frontal convolutions of the brain lacerated and bleeding copiously. This was in a manner stopped by packing with gauze, but there was still a good deal of hemorrhage through the nose and mouth, and in the course of twenty-four hours brain matter softened and broken down accompanied the bleeding. The wound was repacked, salt solutions injected in thighs and abdomen, but in spite of constant attention he passed from consciousness into delirium, and thence into insensibility until death on the second day after entrance into the hospital. Had I a like case, I should be tempted not to remove so much bone, trusting the *vis medicatrix naturae* and treating subsequent complications as meningitis, abscess or necrosis, as they might arise; at least that method would be no worse in its result. This is my only fatal operative case in five months.

From plastic operations I will select three.

(*b*) *PLASTIC OPERATIONS.*

Case V.—M., aged twenty, female; entered the hospital with cleft soft palate that made her life miserable, in spite of her very attractive appearance. She hardly ventured to speak at all, even in monosyllables, and was morbid about her condition. A preliminary tracheotomy was done the day previous, as she was too nervous to think of operation without anæsthesia. Under chloroform administered through the tracheal tube and in a sitting position, with her pharnyx packed with gauze to prevent blood reaching the trachea, the edges were paired, and after incising the muscles of the pillars of the fauces, the edges were brought together with silver wire. The patient was fed *per rectum* for a few days, thus giving the parts entire rest, the result being complete approximation, a linear scar, and a happy girl. As is usual in cases of this kind when the operation has been deferred so long the natural tone of the voice is slow in returning, but each week shows improvement in that regard and the girl is daily practicing speech where before she would only sit and brood over her deformity.

Case VI.—M. G., aged seventy years, was thrown from his horse, bruising and lacerating the soft parts above the malar bone. As the wound healed, the contracting scar drew the eylid down so as to expose a glaring red surface, which was very ungainly. He was brought to the hospital, and under ether the whole scar was cut out, leaving just a rim of lid tissue under the margin of the lower lid. A suitable flap was raised from the cheek with pedicle near the outer canthus. This was carefully adjusted to the raw surface exposed and secured by stitches with a very satisfactory result, the lid retaining its motion and capacity for closing, as well as a practical absence of the drawn appearance when at rest. There was no complication in his recovery, the stitches being removed in a week.

Case VII.—While speaking of plastic operations, I recall one, viz.: G. L., colored girl, aged twelve years, who was terribly burned about two years ago, losing one arm at the shoulder and the other tightly fixed by web of cicatrix extending from shoulder to wrist and tying her hand close to her shoulder. The cicatrix was dissected off and as much of it as possible used to cover in the lower arm. Large skin flaps were raised from her breast and side and made to cover in the upper arm raw surface, the arm extended straight and a flap from her belly brought to cover the remaining raw surface of forearm. These flaps retained a natural pedicle until they had caught in the raw surface in their own right and then the pedicle was severed, the arm released from the body, and being kept in splints. Most of the transplanted flaps lived and, except that the child contracted diphtheria, which was cured by anti-toxine injection, her recovery with a useful flexible elbow joint was assured when I gave up the hospital June 1.

(c) ENUCLEATION OF EYEBALL.

Case VIII.—J. D., Russian, aged twenty-two years, while at work received into his eye a piece of hot molten metal the size of a finger nail, which, burning its way through the sclerotic, cooked the interior of the eye as if it were an egg. The day after the accident I removed his eye and he was discharged a week after with a stump that will be serviceable for a glass eye.

(d) BREAST AMPUTATIONS.

Cases IX, X and XI are taken from amputations of the breast for malignant or threatening growths. In each case the pectoralis major was removed, the axilla explored, and a thoroughly radical operation done. All recovered without any infection. One lady returned home in a carriage on the third day after the operation, which is the shortest record in the hospital for a breast case that I have ever had. As a rule, when I can secure skin flaps they are in the hospital about two weeks. In one case I had some trouble in stopping a branch of an intercostal artery, but an iodoform gauze plug, plus the pressure of the dressing, acted satisfactorily, and the gauze was removed in forty-eight hours without prejudice to the wound healing.

From quite a number of gunshot wounds I will select three.

(e) GUNSHOT WOUNDS.

Case XII.—J. H. L., white, married, thirty-three years of age, admitted to hospital February 2. When brought in was found to have two bullet furrows through top of scalp, having attempted suicide by shooting. He was unconscious and showed evidence of shock in pulse and respiration. The base of the wounds was examined and no fracture of skull detected. They were cleansed and dressed, the patient recovering consciousness in the next twelve hours. Pressure was used to close the tunnel-shaped wounds with iodoform at entrance and exit. The patient recovered entirely under this one dressing, and was discharged well nine days after entrance. This case is another instance of the poor aim of suicides. With a target as large as the head and holding the pistol within a few inches of their skulls, I have over and over again seen just such failures, the ball sometimes deflecting and going round under the scalp almost to the wound of entrance. Another case I saw last year was of a melancholic German, who, pointing a pistol at his temple, fired. The ball avoided his brain, but cut both optic nerves and lodged in the malar bone of the opposite side, leaving him stone blind. He recovered in every particular, but his sight. The surgeon bearing this in mind will hesitate to put down a bullet wound in the head with unconsciousness as necessarily meaning a penetrating wound of the brain or even a compound fracture of the skull.

Case XIII.—W. J., aged fifty years, colored, was shot while resisting a policeman one night in March. He was brought to the hospital in the patrol wagon about two hours after the wound had been received. I operated, enlarging the bullet wound a little above and to the left of the umbilicus. I found five perforations of small intestine by 32-calibre bullet and one of mesentery. These were all closed by Lembert's silk suture and the abdomen washed out with salt solution, a gauze drain in glass tube being left at lower angle of wound. The bullet, which was located under the skin of the back, was not at that time taken out, but removed later by incision in the back. The gauze drain was removed after forty-eight hours. The patient showed some blood in the urine later, which was followed by pyuria, the abscess of the kidney making its exit through the bullet wound of the back. This infection was, I feel sure, auto-infection, due to a bruised condition of kidney near bullet track becoming infected, as there was no blood in the urine for some days after the shooting. As far as the wounds were concerned, he had no trouble at all, and except a sinus in the back, which may remain open, his recovery seems assured. His temperature gave no uneasiness until after the kidney abscess formed and came to normal as soon as that had exit. During its formation, while there was blood in his urine but no pus, his chart prompted me to open up his abdominal wound to the peritoneum to see if a pus pocket in the deep abdominal wall could account for the rise, but none was found. The subsequent pyuria cleared up the mystery.

Case XIV.—Gun-shot wound of knee joint. M. C., aged thirty, a policeman while swinging his club struck his pistol in his hip pocket, discharging it. The ball passed through the inner condyle of the femur and lodged in the inner aspect of the head of the tibia. The wound was closed aseptically with iodoform gauze and dressed, put in a splint and absolute rest given the joint. The patient is still in the hospital, but shows no sign of trouble or infection. Had any clothing been taken in with the bullet, I could not have pursued such an expectant line, but my belief is that when the bullet alone enters the tissues, as a rule it ceases to do mischief when it ceases to move, and that more people have been killed by taking bullets out than by bullets going into them if let alone, unless there are other indications for operation than just the presence of the ball.

Case XV.—Bullet wound of thigh. K., aged twelve, shot by a boy in the thigh just outside of the femoral artery in Scarpa's triangle. As there was no great amount of hemorrhage, no bone broken, and no evidence from his clothes that a foreign body had been taken in by the ball, the entrance wound was dusted with iodoform, dressed with gauze, put in a splint. No indication for redressing until the boy was discharged well. Should ball give trouble, it can be located by X ray and removed, *via* wound of our own making, under conditions favorable to asepsis, instead of further infecting the bullet track, which may still have resistance to overcome the infection taken in by the ball if we do not add to that infection and lessen that resistance by meddlesome surgery.

(f) THREE CASES OF HERNIA.

Case XVI.—M. H., female, colored, aged forty-five years, was admitted to hospital with a painful tumor over the femoral hernia region, which was thought to be an incarcerated femoral hernia, it having refused to go back after several attempts under ether prior to her entrance. There was pain, fluctuation, some evidence of inflammation, but comparative freedom from nausea, and no fœcal obstruction. Taking these last two factors into consideration, I declined to coincide with the diagnosis of enterocele and, as an operation was indicated, followed the general and useful rule of not giving a verdict until the necessary exploratory incision was made. Under ether the operator came down in a rounded mass over the femoral opening, and carefully dissecting it away from its neighboring vessels, I found it attached to a pedicle running up the femoral canal. The tumor was investigated further by the scalpel and grooved director and showed neither omentum nor gut, but an encapsulated, gelatinous mass, which proved to be a prolapsed ovary that had degenerated. Tying this off from the pedicle, it was removed, and the pedicle used, as in McEwen operation, drawn up into the canal's mouth and fastened there. There was no complication in the patient's recovery. The interesting feature was the impossibility of making an accurate diagnosis until the intimate contents of the tumor had been laid bare, and the rather rare condition disclosed.

Case XVII.—J. N., medical student, Russian, aged twenty-three years; admitted to hospital with scrotal hernia of the left side. Under ether McEwen's operation was done, sac puckered up, and carried to inside of internal ring. No complication, and hernia satisfactorily retained at last accounts. This case, as is advisable in permanent cure operations, was kept in bed four weeks in order that the new tissues may become thoroughly united before any strain is put on them.

Case XVIII.—F. X., aged sixty years, colored; admitted to hospital with double inguinal hernia, which had been previously operated on, but unsuccessfully. Exactly what the previous operation had been I cannot say. On the right side a McEwen was attempted, but it was not satisfactory, as the sac was not suitable from old adhesions to form the required plug. I did Halstead's modification of Bassini's operation on the left side, using silver wire to bring together the abdominal walls after transplanting the small section of cord containing the vas to the upper angle of the wound and using buried wire suture for the skin incision. This was unsatisfactory, but healed without complication. I attribute the failure to the fact of his age, as well as the loss of tone in the muscle and the probable deleterious effect of his prior operations.

From the list of appendicitis cases I will select one as a sample:

(g) APPENDICITIS.

Case XIX.—M. L., aged thirty; admitted to hospital with characteristic symptoms of appendicitis, not of the fulminating variety, but with the history of the attack beginnning several days before entrance; subsidence of pain, but tenderness remaining, tumor etc., in iliac fossa, but with temperature and pulse indicating that nature was protecting herself by walling off the abscess. No opium was given, so that all symptoms could be observed, and where the chart began to show that there was some absorption of pus toxines going on which might gradually result in septicæmia, the abscess was opened, drained and irrigated. The wound closed by granulation, with subsequent recovery and dismissal from the hospital.

(h) SUPRAPUBIC CYSTOTOMIES.

Cases XX and XXI were cases of suprapubic cystotomy for retrograde catheterization in patients whose perinea were so riddled with sinuses and false passages when they entered the hospital that it was impossible to find the normal urethra. Incisions over the pubes were made without dilating the bladder or rectum, and by keeping close to the symphisis the bladder was entered without danger to the peritoneum. Both cases did well, the relief to the urethra from the bladder opening causing the subsidence of the perineal inflammation, thus ultimately allowing the entrance of bougies anteriorly and from the bladder side until normal caliber was reached. In one case a perineal section done on the sound as a guide hastened the recovery. I believe it a safer proceeding to find one's way accurately through the posterior urethra by the supra-pubic opening than to grope around an infiltrated perineum, as was formerly done in the urethrotomy without a guide. The fistulæ disappear on the restoration of the normal exit for the urine.

(i) AMPUTATIONS.

Amputations may be represented in *Cases XXII, XXIII and XXIV*, the first two being amputations of the thigh, one for sarcoma of tibia, the other tuberculosis. The latter case had already lost his other leg at the hip. The operation was one to mitigate pain. Both thigh amputations pursued typical aseptic courses. *Case XXIV* was a double amputation of the foot (Chopart's) my assistant, Dr. Baum, operating synchronously with myself. The cause was frostbite during the blizzard. The patient made a satisfactory recovery with useful limbs. Owing to the depressed nature of the flap, there was some granulation where parts failed to unite *per primam.*

(j) TETANUS.

Case XXV.—The last case to which I would call your attention is one of tetanus. W. B., aged thirty-five, entered hospital with the history of having run a nail through his foot two weeks previous. The wound was found healed, but there were all the initial symptoms of tetanus, stiffness of jaw, more or less *risus sardonicus,* and repeated tetanic convulsions, involving limbs, muscles of neck, etc., and recurring on the slightest provocation—a draught of air, a drop of water falling on his throat would provoke them. He was put in an isolated, quiet, dark room, given large doses of bromide of potash and morphia. At the same time he received 90 cc. of tetanus antitoxin in repeated doses. The spasms gradually became less frequent, his jaw more relaxed, and he was discharged after a stay of twenty-one days, entirely recovered. No local treatment to wound was attempted. In conclusion, I wish to express my thanks to my assistants, Dr. Baum, and to the residents, Drs. Southwick and Lumpkin, and to Miss Muhl, my surgical nurse, for their unfailing attention to detail, to which, as in every operative clinic, a large credit for the surgeon's successful results is due.

101 West Franklin Street.

June 1, 1899.

MODIFICATION OF WHITEHEAD'S OPERATION FOR HEMORRHOIDS.

✣

BY SAMUEL T. EARLE, M. D.

✣

Professor of Physiology and Diseases of Rectum, Baltimore Medical College.

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In reviewing the present methods of the surgical treatment of hemorrhoids that present themselves for consideration and comparison, it is not necessary to mention those that have passed into disuse, but only those that are more or less in general use at the present day, especially in this country.

I would first consider Allingham's modification of the ligature. While this operation is generally credited to Allingham, he does not take credit for it, but says it was first introduced by Mr. Salmon. I think it is generally conceded by those who have tried the different methods that of all that have not in view healing of the wound by first intention, this is by far the easiest, the safest and best, but with our present knowledge for the treatment of freshly incised wounds we could with as much propriety recommend healing by granulation in all other wounds, as there are but few reasons why aseptic methods cannot be applied to this locality with equally good results as elsewhere. We would, therefore, discard it, because we know it can be supplemented by something that is better.

The next in order, and, in fact, it might occupy the first place, if such should be accorded on account of its popularity and not merit, is the clamp and cautery, generally credited to Mr. Henry Smith, although, in fact, due Mr. Cusack of Dublin. In the words of Mr. Allingham: "As regards danger to life—after all, the issue of greatest moment—as far as my most careful researches have led me to a conclusion, it is quite six times as fatal as the ligature properly and dexterously applied."

To me, it has always been a matter of the greatest surprise that with all the advance in general surgery, within the last ten or fifteen years, that such an unscientific and inefficient method should still be so generally adhered to, not only by the general practitioner and the general surgeon, but by many who are doing special rectal work. I cannot do better than to quote Mr. Allingham again on this subject. "The burning causes very great pain after the operation, especially if the skin is involved; secondly, hemorrhage is more likely to occur than after the best modes of operating; greater sloughing of the parts takes place, and a longer period is required for healing. The after-results are likely to be unsatisfactory, for contraction is common, and, as with other burns, this is troublesome to overcome, for the scar-tissue, being of low vitality, is non-elastic and very liable to ulceration." And, I may add, it will not begin to meet adequately a large number of cases that present themselves. I hope I may be pardoned for such a harsh (but I cannot but feel just) criticism, when I say it is a procedure that has gained more popularity on less merit than any other (known to me) in surgery. The operation always suggests to me the idea that we entrust to the hot iron what we are afraid to undertake with our knives and scissors.

I would next speak of the hypodermic method of injecting various medicated substances into the hemorrhoids, such as carbolic acid, etc. While this cannot be properly classified as a surgical procedure, yet as it has been proposed that it should supersede surgical methods, it would be proper to speak of it in this connection. I have at different times repeatedly tried this plan, successively using the different modifications that have been lauded by different men, the last, that spoken of so highly by Dr. A. J. Adler, Jr., of Philadelphia, and without any hesitation I pronounce all such methods the most unscientific, unsatisfactory, and disappointing that have been offered the profession. It is almost impossible to confine the action of the medicine to the part desired to be acted upon; by producing hyperplasia you increase the tumor formation that already exists, which is by no means compensated for by the small amount of contraction that follows; in spite of the greatest care, you are likely to have secondary abscesses, and at best the relief afforded in the majority of cases is but temporary and transitory.

I would next speak of Whitehead's operation. Its merits are too well known to all specialists in this line of work at the present day to require any description or enumeration by me. Its merits have been ably set forth in a paper by Dr. Edmund Andrews of Chicago, which, as you all know, is not merely the enumeration of his individual experience or prejudice, but a compilation of such, by nearly all prominent men, both special and general surgeons, who have tried it. I do not hesitate to say that there is scarcely anyone who has given it a fair trial who continues to use it at this time; I have even known one prominent surgeon to return to the use of the clamp and cautery, after giving Whitehead's a fair trial. Dr. Robert Jones of Liverpool, in the April, 1894, number of *Matthew's Medical Quarterly,* made the first suggestion in the treatment of hemorrhoids by modern methods, in order to secure healing by first intention, as in incised wounds in other portions of the body. In a very modest manner his views are embraced in a paragraph of half a dozen lines in the above mentioned *Quarterly;* he recommends that each hemorrhoid be caught at its base by catch forceps, the hemorrhoid cut off above, and the edges secured by a running suture passed beneath and above the forceps while clasping the stump, after which the forcep is released and withdrawn, and the suture is drawn tight.

In the October, 1894, number of *Matthew's Medical Quarterly,* Dr. E. Gallant of New York, referring to Dr. Robert Jones' article, says: "That since 1888 Dr. Outerbridge has discarded the clamp and cautery and treats all of his cases of hemorrhoids by cutting them off and drawing the cut surfaces together by continuous sutures." Just prior to this time I had become so dissatisfied with the clamp and cautery, Whitehead's, and all other methods that I had then tried that I was casting about for something more satisfactory, and these suggestions appealed strongly to my judgment. I had tried that suggested by Outerbridge and found it very satisfactory. After using it for some little time, however, I encountered certain difficulties in its performance, such as the falling in of the opposite folds of the mucous membrane between the cut edges of the wound, and thus being frequently caught by the suture; the exposure of the cut surfaces to infection, and its inadaptability to such cases that involve the whole circumference of the anus, which I thought could be overcome, without interfering with the principles suggested by Outerbridge, and at the same time improving the suggestion first offered by Dr. Robert Jones of holding the cut edges while being sewed.

"With these ends in view I devised a pair of clamp forceps, heretofore described in *Matthew's Quarterly,* January, 1896. With the case prepared for operation after the usual manner, I proceed in the following way: If the case is one in which there are only several hemorrhoids, I seize each one in order at its most dependent part with catch forceps, put it upon the stretch, and clasp it with my clamp forceps previously described, at its base, and parallel with the long axis of the rectum, pressing the forceps closely down so as to embrace the entire hemorrhoid; I then begin with my running suture at the upper or mucous end of the hemorrhoid, and after making it fast, I begin to cut small portions of the stump, taking stitches after each incision, until the whole is removed. I proceed by piecemeal, in order to prevent the surfaces slipping from between the forceps, which are made to hold it but lightly, as previously mentioned; after the whole hemorrhoid has been removed, I loosen the forceps, withdraw them, which is rendered easy by their conical shape, and draw the running suture tight; the latter is secured by a single knot tied at the surface. If the whole anal area is involved in the hemorrhoid and varicose vessels, I seize the tissues at Henle's white line at four or five points in the circumference of the anus with catch forceps, put them all on the stretch by pulling them down and out. I am then able to determine the amount of tissue necessary to be removed. I then make an incision at the posterior commissure in the median line as deep as the amount of tissue to be removed would indicate. I then begin my suture at the bottom of this incision, drawing together the mucous and skin edges. I then seize the part to be removed with my clamp forceps, parallel with the circumference of the anus, and in the manner indicated for the removal of single hemorrhoids, remove the tissue from the entire circumference of the rectum, thus imitating the work done by Whitehead's operation, in almost a bloodless manner, without exposing the raw surfaces to infection, and in the easiest manner conceivable, the cut edges being held while the sewing is being done. By this means I am able to secure in a large majority of cases union by first intention. The patients are able to be out of their beds the fourth day, and as a rule leave the hospital on the seventh. In those cases which do not heal by first intention, there is some slight tendency to stricture, very superficial, just at the orifice, but this is so slight that introduction of the finger on alternate days for five or six occasions is sufficient to overcome it. I would recommend universally in these cases the use of cat-gut sutures (No. 4, dry sterilized cumolized) for reasons which are perfectly apparent to those working in this very sensitive field, and because these hold sufficiently long for the required purposes. I would also recommend the use of Emmet's left-handed curved scissors, as being best adapted to the curves of the forceps, rendering the cutting very much easier. I have now given this method a thorough trial, and can unhesitatingly say it is the safest, easiest, and by far the best method I have ever tried."

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ERUPTION FOLLOWING VACCINATION.

DR. M. S. TODD, '97.

The following case may prove of interest, especially as Baltimore has had an "epidemic" of vaccination: On March 31, 1899, the child E. B., three years of age, was vaccinated with glycerinated virus. The site having been prepared antiseptically, and following the vaccination an aseptic gauze compress was applied. April 7 the child had a slight chill. The left arm and hand was sparsely covered with a papular eruption. They were small, pin-head size, acuminate, very red, with sharply defined edges. On the morning of April 8 numerous decidedly raised papules were found on both arms and hands, on the face, neck, back and legs. They were discreet, pin-head size, very red. There was slight itching, some malaise. Temperature 101, pulse 98; no coryza. The vaccine vesicle was normal, as, indeed, it was during the whole course of the eruption. On the evening of April 8 the rash was much more angry-looking; all areas of body invaded except scalp. Eruption distinctly papular, but now had a flat top, resembling flea bites; edges sharply defined. Some had become confluent, especially on legs and thighs; much more profuse on the lower than on the upper extremities; capillary circulation fair; papules split pea size; considerable itching; child very restless;

tongue slightly coated. Temperature 101, pulse 120. On the morning of April 9 eruption slightly increased on arms and hands; very markedly increased on thighs and legs. Here they were mostly confluent; areas were dime to quarter size. The legs were very œdematous, so much so that the toes were forced apart and knees could be bent only to a right angle. On the anterior surface of thigh several purplish spots appeared, not hemorrhagic, however. Capillary circulation now very sluggish. After blood was pressed out by the finger a distinct interval occurred, then it welled slowly back. The color could not be pressed from the purple areas. At 2 P. M. April 9 from the knee down the leg was one mass of red, with numerous purple spots about dime size. The eruption had now lost the papular appearance over the entire body and had become macular. Thighs and legs much swollen. General condition of child good. At 6.30 P. M. hands, arms and face appeared the same. The legs were improved. Swelling was lessened somewhat, color beginning to fade; some white splotches appearing. On thighs eruption was stationary; on buttocks it was much increased. They were very œdematous. On back in lumbar region patches were dime size, gradually becoming pea size between the shoulders. Upon the face and neck still very numerous. Child appears much brighter; has a little appetite. On the morning of April 10 there was no rise of temperature, pulse normal. Red eruption all disappeared on legs, leaving only purplish spots; some œdema, but child could not wear its shoes. On the back the eruption was still very distinct, but had faded to a dirty red color; same on arms and face. Areola of red about the vaccine vesicle entirely disappeared. The child complained that the skin was very tender; cried on application of water, even if rendered bland with soda bicarbonate; could not have legs handled, but skin of body not tender. On the morning of the 11th the eruption was barely perceptible on the face; legs still slightly swollen; macules were fading on body, were a dirty brown color, with fading edges; covered thighs and back very profusely; fewer on arms and hands. At no time was there albuminuria.

Treatment throughout was expectant. Carbolized vaseline was applied to relieve the itching. The child was seen again on May 15. There was still a slight discoloration at the site of the purplish areas. Otherwise there was no evidence present of the trouble. She has a typical vaccine scar. There was no desquamation following the attack.

*REPORT OF A CASE OF LABOR (BREECH PRESENTATION), WITH REMARKS UPON THE OPERATIVE MEASURES IN THIS CLASS OF CASES.**

BY WILMER BRINTON, M. D.

Professor of Obstetrics. Baltimore Medical College.

FREQUENCY OF BREECH PRESENTATION. At full term 1 in 62 births; including premature births 1 in 30.

CAUSES OF BREECH PRESENTATION.—The causes are to be sought for mainly in the absence of the conditions which ordinarily determine head presentations, or which interfere with the fixation of the fœtus, viz: Excess of amniotic fluid, multiparity, twin pregnancies, contracted pelvis, premature births, etc.

DIAGNOSIS OF BREECH PRESENTATION.—By external examination, viz: Palpation and auscultation, by which measures it can be determined, long before labor in the majority of cases, that the head of the child is at the fundus of the uterus and the breech at the superior strait of the woman's pelvis.

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*Read at the Regular Meeting of the Baltimore Medical and Surgical Association, May 8, 1899.

This opinion is easily verified at the beginning of labor by a vaginal examination; the presenting part as a rule is found high up, and instead of the hard, unyielding head, with its sutures and fontanellies, one finds the soft, irregular breech, and even before the rupture of the membranes you can make out the coccyx. sacrum, etc. After rupture of the membrances, you feel the coccyx. sacrum; get your finger frequently in the anus, feel, in cases of boys, the scrotum, penis, etc. Unless one is careful, mistakes might occur—confounding a breech for a face presentation, or *vice versa.* This mistake could not occur except in the very early stage of the first stage of labor, and not at all if the obstetrician would examine the woman externally before making the vaginal examination.

Prognosis in Breech Presentation.—To the mother, the same as vertex presentation as far as life is concerned, but, owing to the necessity in many cases of extracting the after-coming head manually, her soft parts are in greater danger than in vertex presentation, and in many cases if a thorough examination be made after labor is over a severe laceration of the cervix or perinæum or both will be found. The *prognosis for the child* presenting breech is always more or less grave; indeed, it is this question alone that induced me to speak of the subject. Our authorities claim that 10 to 13 per cent. of children presenting breech will be born dead. I am sure everyone here tonight who has had much experience in obstetrical practice can recall cases where, after the termination of a severe labor case (breech presenting), you have had the unpleasant experience, in spite of all skill and efforts on your part, of presenting to the distressed mother and family a dead child, a child perfect in form, and a child that you were conscious was living just a few minutes before its birth. From my own personal experience in practice and from that of some of my friends who are skilled obstetricians and men of large experience, I am convinced that our textbook statement that the mortality to the child in breech presentation is from 10 to 13 per cent. is under estimated, and it is nearer 20 to 25 per cent., especially in primiparous women. So much have I been impressed with the mortality of the children in breech presentation that I have been for years recommending to my students at the Baltimore Medical College that when they were in charge of a case of labor where the child was presenting breech that they should have a fellow practitioner associated with them in the case, especially so in primiparæ. This should be so, in my opinion, for two reasons:

1. In the interest of the unborn child.
2. For the reputation of the physician in charge of the case.

Treatment of Breech Presentation. Some of our latest and best authorities recommend that, owing to the unfavorable prognosis for the child in breech presentation, if the case is seen early in labor, with the membranes unruptured, it is desirable in the interest of the child to perform cephalic version by external or the combined method, but it must be obvious that this is not practical in many cases that are seen in private practice; even in hospitals, with the case completely under your control, the performance of cephalic version is not so easy as our textbooks would lead us to believe. I speak in this manner from personal experience. It is true that in the larger number of breech presentations the child will be delivered safely and spontaneously by nature's efforts, yet there are many cases that artificial aid will be necessary to extract the child. In all cases of breech presentation the attitude of the obstetrician should be of "watchful expectancy." My own rule has been to put the woman across the bed as in forceps delivery, some time during the latter part of the second stage of labor, so as to be in readiness to act without delay, if the after-coming head was delayed in its exit.

The operative treatment in breech presentation may be divided:

1. Methods to deliver an impacted breech.
2. Methods to deliver a delayed after-coming head.

I shall first call your attention to the methods to deliver an impacted breech.

1. By manual extraction, the fingers of the obstetrician being placed in the anterior and posterior groin of the child and making traction downward and backward.

2. Instrumental aid often becomes a necessity, especially in primiparous women, viz: The forceps, the fillet, the blunt hook, with a decided preference for forceps.

3. When all efforts fail to extract, complete anæsthesia, introduce your hand to the fundus of the uterus and bring down one or both feet. In doing this there is danger of ruptured uterus or fracture of the child's thigh or thighs. Dr. Barnes says of this procedure: "The wedge formed by the extended legs and upper part of the trunk must, in some instances at least, be decomposed before delivery can be effected." He recommends complete anæsthesia, support of the fundus, gentleness in passing the breech at the brim and applying the fingers to the instep. Dr. Lusk, in speaking of this, says: "But Barnes does not conceal the difficulties of the operation, nor the address requisite for its successful employment, and many accouchenus less fortunate have recorded their failures to decompose the wedge in the manner advised."

Dr. Lusk further says: "In a few cases, influenced by Barnes' teachings, I have, under the most difficult conditions, succeeded in bringing down a foot, nevertheless I would advise the utmost caution in practicing the method, and in all cases the operator desist the moment address fails and force becomes necessary."

As a rule, the danger to the child comes when there is a delay of delivery of the after-coming head. The pressure of the head of the child on the cord, while it is in or passing through the pelvis, is cause of the fatal asphyxia of the new-born child in breech presentation. There have been many methods recommended to deliver the delayed after-coming head. It should be remembered that all of these methods can be aided by pressure made from above by your assistant. This assistance I have often found valuable in difficult cases.

1. Smellie's method.
2. Combined traction upon the chin and shoulders, Smellie-Veit.
3. Forceps to the after-coming head (axis traction forceps).
4. The Prague method.

The case I wish to relate is as follows:

Mrs. N., married at eighteen, and for thirteen years remained sterile. She was a neurasthenic individual and during all of her menstrual life suffered intense pain at each menstrual period. She was short in stature and never weighed more than ninety-five pounds, but pelvic measurements showed that she had a normal pelvis. She had consulted me on several occasions during these many years, as she had other doctors for her dysmenorrhœa. I always advised operative measures in her case, and finally I lost sight of her for several years. In the autumn of 1896 she came to me and informed me that she was growing worse all of the time, and that she concluded to have the operation performed which I had suggested some years before. In October, 1896, Dr. Crouch gave her chloroform and I dilated and curretted her uterus. She menstruated in December and January without pain. She did not menstruate again, for which she consulted me in April, 1897. I found she was about three months advanced in pregnancy and predicted the day of confinement for October 24, 1897. She had an uneventful time during pregnancy (except doubts of pregnancy), and I was called to see her early on the morning of October 26, 1897. I found the "bag of water" had broken prematurely during the night, the cervix undilated and absolutely no pain. She had sent for me simply because of the large quantities of water coming from her. I made a diagnosis of breech presentation, and that she was not yet in true labor. Forty-eight hours afterward I was sent for and found her early in the morning just beginning labor. The first stage of labor lasted eighteen hours and was an exceedingly tedious one, the woman being one of the most neurotic I ever have attended. The completion of the first stage occurred about midnight of October 28. At this time the pelvis of the child was well down in the pelvis of the mother, with the sacrum to the left and front, or *sacro laeva anterior position*. From midnight until 5 o'clock in the morning of October 29, 1897, my patient continued to have severe pains, but no progress was made. I then sent for Dr. Buck, who gave her chloroform, and I tried to extract the breech.

1. With my fingers.
2. With the fillet.
3. With the axis traction forceps (Lusk's modification of Tanner).

And absolutely failed with them all. By this time the mother and child were in a bad condition and I determined to break up the wedge shape presenting part, as recommended by Barnes, and bring down a foot. As the presenting part of the child was low down in the pelvis, I had to practically push it up *en masse* above the superior strait, and I then went to the fundus of the uterus and got hold of one of the extended legs at the instep and carefully brought it down to the vulva. I then had control of the case. I delivered the breech by traction, brought down the extended arms and delivered the shoulders, but there was considerable delay of the after-coming head. The pulsation of the cord ceased, but I finally delivered it by the Smellie-Veit method, plus great pressure from above by my assistant. The child was delivered without any fractures, but was profoundly asphyxiated, and was finally resuscitated by the use of the various methods at our command for this condition. The woman's parts were very much lacerated, the posterior vaginal wall was torn nearly up to the middle third of the vagina, the perineum entirely destroyed. The primary operation was performed with a good union of the recto-vaginal septum, but no result as far as the perineum. The patient had a slight attack of phlegmosia alba doleus of left leg, with a rapid pulse and high temperature for several days, but finally made a good recovery, with the exception of an occasional fecal incontinence when her stools are loose in character. She has up to this time refused the secondary operation for her ruptured perineum. The child, a male, weighing over nine pounds, was not nursed by the mother, she having no milk, has done well, and a recent visit to my office by mother and child showed me a thriving and prosperous couple. And, in my opinion, the mother is again in the early weeks of her second pregnancy.

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FAREWELL OF THE SENIORS.

BY K. SELLERS KENNARD, M. D., '99.

Gentlemen of the Faculty and Fellow-Students :

It is with a feeling of pleasure and a sense of satisfaction that I address you this evening.

To stand before you, in contemplation of the past four years, is conducive to a strange commixture of pleasure and of pain. The occasion is one towards which we have looked as marking the close of an epoch in our lives. In past years we viewed it as from afar, not without a feeling of misgiving, but ever with one of expectancy as being the close of an old life and the beginning of a new, as being a time when we would take upon ourselves the mantle of responsibility and leave behind the faded coat of sheer dependency. The knowledge of that fact creates within all concerned a sense of pride and gratitude—pride, that we have done our work well, and gratitude, that we have this day received the reward of our labors. What is more gratifying than the assurance that we have fitted ourselves to survive in the noblest of all professions and to have chosen for a life work one which has for its sole aim the welfare of mankind. He who pursues the course of his chosen career through a length of time proscribed, he who undergoes the worries and cares of such a task as he takes upon himself, must and does feel that in participating in such an occasion as this he is amply repaid for the burden of those things which made him feel at times that life was but an empty dream. To you, my comrades, I would say a last few words, and though my tongue may say good-by, my heart does not know its meaning, for therein lies naught but those ties which association and sympathy can only form, and which neither time, nor distance, nor even death, can sever. We are about to enter upon the reality of life; now we enter upon the course towards which we have lent our unbending efforts, and into this new life, I am sure nothing can serve us better than the teachings of our *alma mater*. Remember that it is for good and truth we labor. Let Justice be our watchword, let Honor be our principle, let Truth be our guiding star. Let us endeavor always to fulfill our duty to our God and fellowman, slighting none, helping all, true to our faith, true to our judgment—in all things true—and if so we do, when in battle with the tempest-tossed waves of uncertainty, when we struggle between the smiling cliffs of hope and the frowning crags of fear, we will be strengthened by that never-failing thought that we have done our duty. I would counsel you, let this be your task, for such *is* your duty. The vultures of ingratitude, the serpent of unjust criticism, will oft beset our paths, but with the live thunders of eternal truth we will sweep them all aside. There are but few flowers on our path; hereafter the few only that some hand of friendship and gratitude reach us as we pass them in life's journey. Let us cherish each of them, for they are gifts of loving hearts—rare, indeed.

We hope, my comrades, to meet again. When the snows of many winters have fallen, we will each in our hearts cherish a lingering, half-regretted thought that these days are over. We will wish for them, perhaps sigh for them, and when, in the dim uncertainty of the far-off future, we seek solace in:

> "The fragrant retro-spections of the loving thoughts that start
> Into memory, are like perfumes from the flowers of the heart,
> And to dream the old dreams over is a luxury divine,
> To think we are but boys again, with no such thing as Time,"

The memory of these days will come to us then, like the fragrance of a withered rose, borne upon the gentle breezes of sweet remembrances. We are no longer students; the ark of our humble student life rests upon the Ararat of professionality, and from its summit we view, on one hand, the flood of college years gone by, and on the other we see our work beyond. We stand upon the threshold, in the dying light of the nineteenth century, in the dawn of years to come. Before us lie the new fields, teeming with opportunities to do good, and we go into them ready and willing to labor and to love.

To you, gentlemen of the Faculty, I take this occasion of thanking you, on behalf of my classmates and for myself, for the kindness you have shown us, for the helping hand you have ever extended towards us. Such good as we do in life we will owe to you and your teachings. The four years we have spent among you has served to foster but one idea, one thought, and that is that in the selection of your beautiful city as a place for education and refinement we have paid the highest tribute to our own judgment. There is not one of us who has not profited by our stay among you, for contact with such people as composes this city ever tends for the edification of those who would profit. I would I could command the language to pay you a fitting tribute ere we leave you, but what I could say would be only to repeat what all say who come in contact with you, and to feel that the pleasure of your company is equaled only by the pain of leaving you. In years to come, new associations will obscure the past and occupy your thoughts, and you will have but little time to dwell in memory upon the men who dine with you tonight. Whatever our lot in life, we will ever carry the picture of your help and kindness with us, and the highest tribute you can pay our memory is not to forget the class who found their hardest, saddest task in bidding you good-by.

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SOME CAUSES OF EAR DISEASES.

BY J. FRANK CROUCH, M. D.
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Before proceeding to make an objective examination of an ear, the otologist, in many instances, must consider numerous conditions, which, whilst chiefly influencing the patient's general status, yet are able to affect markedly the organ of hearing. It is often realized that pathologic processes in various portions of the ear cannot be intelligently interpreted, simply through objective examination, without knowledge of abnormal processes in other organs which may have some causal relation to trouble in the ear; for many acute and chronic general diseases exercise upon the hearing evil influences, and not rarely are accompanied or are followed by lessening in the power of perception, more or less constant tinnitus, pain or long-continued dangerous suppurative conditions.

Of acute diseases, the exanthemata and infectious troubles most frequently exert deleterious effects. In childhood those most dreaded are scarlet fever and diphtheria, either of which can and does produce greatest deterioration in the function of the ear, and not rarely lead to total deafness. Also typhoid fever, intermittent fever, pyæmic, puerperal processes, and particularly syphilis, which can attack the various portions of the ear in many forms, destroying not only those structures essential to audition, but by extension from the ear to cranium terminate in death.

The progress made in all departments of medicine in recent years through the study of vegetable biology, and the appreciation of the influence of micro-organisms in the production of disease, has not been without effect in the better understanding of the causes of suppurative troubles of the ear. Löwenberg and others have shown that furuncular inflammations of the external auditory canal are due to the presence of the characteristic micrococci which produce similar disturbances in other regions. In the suppurations of the middle ear, Zaufal, Netter, Moos and others have demonstrated as causal factors the bacillus pneumoniæ, the diplococcus pnuemoniæ, staphylococcus pyogenes (albus, aureus, citreus) streptococcus pyogenes, the bacillus tuberculosis, and colon bacillus. These organisms that in other areas give rise to serious inflammations, with extensive breaking down of tissue, without doubt, are of the utmost importance in the origin, course, and complications of the different varieties of otitis media suppurativa. A discharge without odor was for a long time deemed harmless, and in too many instances even now is regarded with indifference; bacteriology has demonstrated in odorless discharges large numbers of pathogenic bacteria highly infective and dangerous to life. The presence of streptococci is always to be viewed with considerable apprehension from the tendency of this organism to destroy the soft structures of the ear and to erode the thin plate of bone lying between middle ear and brain. Pathogenic organisms have also been observed to invade the labyrinth, producing in the inner ear a neuritis with destruction of nerve substance.

The several epidemics of influenza which have occurred since the winter of 1889-90 have led to many involvements of the organ of hearing. The significance of the aural complications has varied according to the virulence of the epidemic. Whilst in most cases, the involvements have, fortunately, been slight, oftimes merely catarrhal affections of the eustachian tube and tympanum, in a number there has occurred the most extensive participation of the mastoid process, and at times intra-cranial complications.

Not less frequently than acute diseases do chronic affections originate disturbances of hearing. Chronic diseases of the heart and lungs which give rise to disturbances of circulation and nutrition, the different anæmias, rheumatism, gout, digenerations of the brain and spinal cord must be inquired for in endeavoring to seek the cause of impaired audition.

The internal use of many medicaments, especially of quinine and salicylic acid, is accompanied by more or less deafness and tinnitus, which in most people disappear without permanent damage, but in some susceptible individuals or in those who have taken too large doses, their use is accompanied by pain, hyperæmia and inflammation of the middle ear and labyrinth. In such most annoying noises and permanent impairment may persist. In the same category are to be enumerated the excessive use of tobacco, alcohol and even excessive sexual indulgence.

With regard to occupations producing evil effects are to be noted those in which workmen are constantly in loud noise, as machinists and boiler-makers, and those in which they are obliged to inhale dust laden with metallic particles, bits of glass, or chemical irritants, which cause swelling and hyperæmia of the nose and naso-pharynx. Then preachers, teachers, and those who must talk earnestly for long periods suffer with lessened acuteness of hearing attributable to the presence of a naso-pharyngeal catarrh.

The most common cause of catarrhal otitis media is an extension along the eustachian tube into the middle ear of a catarrhal inflammation from the nose or throat. Then defective ventilation of the middle ear, which is not compatible with the retention of a normal condition of its mucous membrane, is often brought about by some obstruction to free nasal respiration. The improper employment of nasal douches, the presence of carious teeth, lymphoid hypertrophy in the vault of the pharynx, hypertrophic enlargement of the inferior turbinal are to be placed amongst the common causative factors.

Referring to hereditary predisposition to deafness, the observation is not uncommon that members of certain families at certain ages manifest tendencies to some ear complication which causes much anxiety, and whilst in many of these deafness is uninfluenced by treatment when once established, yet by inaugurating in childhood prophylactic measures, and attending to pathological alterations in organs standing in intimate relation to the ear, together with a close watch upon the general condition of the patient, much can be done for the comfort of these individuals and in many instances hearing can be saved.

ACUTE GONORRHEA—ITS DIAGNOSIS AND TREATMENT.

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BY R. B. KENYON, M. D., '95.

✣

The word gonorrhea is derived from the Greek, and means a flow of semen, which the people of that time evidently thought it was. At the present time the word is generally limited to the diseased condition of the urethra characterized by a discharge from the meatus and containing the specific bacteria known as the gonococcus of Neisser.

I. DIAGNOSIS.—Contagion may be mediate or immediate. By mediate contagion is meant the conveyance of the bacteria by instruments used in the urethra or at the meatus, such as sounds, bougies, syringes, and the like. It is quite uncertain whether clothing, bandages or water closet seats can convey the disease, for it is known that the bacteria die quickly when dried and exposed to the action of the atmosphere. By immediate contagion is meant sexual intercourse, and this is responsible for the vast majority of cases. The incubation period is the time which elapses from the time of exposure to the development of the disease, and is stated to be from a few hours to three weeks. These extremes are very rare, and must always be looked upon as doubtful. The usual period is three to ten days. The cases which develop early are apt to be more severe, as the bacteria are more active. On the other hand, the cases which develop late are milder in proportion to the attenuation of the bacteria. The onset of the disease may be sudden, or it may begin with slight itching at the meatus, or a little discomfort at the time of urination. Soon after this the discharge makes its appearance, and will be noticed to be most profuse in the morning, and perhaps hardly noticed during the day, as the frequent urination during the day keeps it washed away. The character of the discharge is at first serous-like or whitish, but very soon becomes thick, yellow and pus-like, or it may have a greenish tinge and be streaked with blood. The quantity of pus varies from almost nothing to two or three ounces in twenty-four hours. Cases of gonorrhea sicca have been reported in which there was no pus at all, only a very thin, scanty, serous-like discharge. The microscopic examination of the discharge in acute cases always reveals the presence of the gonococcus of Neisser, pus cells, streptococci and staphylococci, leucocytes, pus corpuscles and shreds of epithelial cells. At first the gonococci will be seen to be free, but a little later they will be found in the epithelial cells and leucocytes. The gonococcus is usually described as coffee-bean-shaped and in pairs, from twenty to fifty pairs in a bunch; sometimes the pairs form chains of more or less regularity. The gonococci stain readily with analine dyes and are easily decolorized by Gram's method. This forms one method of differentiating the gonococci from other bacteria, but some other bacteria are also readily decolorized, hence this method is not very useful except where the bacteria are few in number. The gonococci are not easily cultivated, but cultures can and have been made, and from the growth the characteristic disease has been produced. Thus it is seen that the chain of evidence as to the specific nature of gonococci is not wanting.

By allowing the patient to pass his urine in two clean glasses, about four ounces of urine in the first glass and the balance in the second, the first glass will be very cloudy and contain some shreds of epithelium, while the second glass will be nearly clear, with no shreds. If shreds or much pus is found in the second glass, it indicates posterior urethritis. The pain in passing water is often intense, of a scalding or burning character, and located at the meatus, or in the fossa navicularis. This pain is usually due to acid urine, but strongly alkaline urine may produce the same symptoms. In sthenic cases there is often a low fever, due to the absorption of pus toxines, but the temperature rarely runs high. After the discharge has been present a week or more, the patient may suffer with priapism and chordee. The latter is produced by a plastic infiltration of the epithelium and sub-epithelial structures of the urethra, thus limiting the elasticity of the urethra. When the penis becomes erect, the urethra acts like the string of a bow, and curves the penis downward. This gives rise to intense pain until the patient, willing to do anything for relief, " breaks " the chordee, which, though it may give temporary relief, is sure to cause mischief later on. At times the inflammation runs high, the glans penis become enormously swollen, the prepuce œdematous and constricted at its orifice, so the foreskin can no longer be retracted. The lymphatic ducts along the dorsum of the penis become inflamed and hard like whipcords. This may extend to the lymphatics of the groin and cause gonorrheal bubo. Very rarely the lymphatics of the chord become enlarged. Acute gonorrhea is divided into three stages. First, increasing stage; second, stationary stage, and, third, declining stage. The two former occupy about two weeks each, the last three or four weeks. Thus it is seen the disease runs a course of about eight weeks, when no measures are taken to hasten the cure of the disease. These divisions are entirely arbitrary and vary within wide limits. In some cases the defervescence takes place by the end of the first week, and by the end of the second no discharge can be found. Again, the discharge may keep up with unabated fury for six or eight weeks.

Prognosis as to the time of cure must be very guarded. By improved methods of treatment it may be very short, seven to ten days; but sometimes it occurs that the best treatment we are able to institute only gives relief after careful application for several months. These are, of course, the sthenic cases. You may, however, promise your patient a cure, provided he follows your directions. First cases are usually more protracted, unless it occurs that the second case is a recrudescence of an old gonorrhea. Then your prognosis as to ultimate cure must be guarded, because you will often have to treat the old gleety condition after the active manifestations have subsided to effect a cure.

II. TREATMENT.—(*a*) Internal medicine: Balsam capaiba, sandalwood oil, cubebs and turpentine are, in my judgment, contraindicated in the first and second stages of acute gonorrhea. The mucous membrane of the urethra is already congested and very sensitive. To add to this an irritating urine containing the drugs mentioned is only to increase the irritation and congestion. In the stage of decline the stimulating effect of these drugs is to be desired. Salol is a better drug to use in the first stage, as it is broken up into salicylic acid and phenol, both of which are excreted by way of the kidneys. If much salol is given, the patient should be warned that his urine may turn dark or even black, especially if it is allowed to stand exposed to the atmosphere for some time; otherwise the patient might become alarmed. For the dysuria nothing is better than citrated lithia; order five-grain tablets, have your patient dissolve one in a large glass of water and drink it three or four times a day, the aim being to get the patient to drink as much water as possible. Frequent urination of large quantities of water keeps the free pus washed out of the urethra and thus gets rid of large quantities of bacteria. Sodii bicarbonate and potassium citrate act very much like the lithia, and should be given in the same way. Mixtures like Chapman's and Lafayette's are not scientific, and should never be used in the first stage, though they may prove useful in the stage of decline, but even here it is far better to give the sandalwood oil or capaiba in capsules.

(*b*) *Local Treatment.*—The abortive treatment may be used in cases where the patient is seen very early. Thus a few days after sexual intercourse the patient presents himself, having slight itching or burning during or after urination, a slight discharge of whitish or clear serous-like fluid from the meatus. This fluid should be examined at once for gonococci, and if found treated as follows: Wash out the fossa navicularis and about an inch and a half of the pendulous urethra with plain warm water; flush it thoroughly. Cocainize with a ten per cent. solution of cocaine, and inject a drachm or two of a 10 per cent. solution of nitrate of silver. Never allow the silver solution to go farther back than you have irrigated. If this is done carefully, it may end the trouble at once, leaving only a little mucous discharge behind, which lasts for a few days. This method will fail in about three cases out of four. This method, though often practiced at the urgent request of the patient, is far from being a favorite one. Hand injections as used by the patient are worthless, nay, even injurious. The doctor who writes a prescription for an injection does his patient an injury, and himself an injustice. Irrigations as used by the patient are little if any better than hand injections. Irrigations as used by the physician offer the best known method of local treatment. There are various methods of carrying out this procedure. The following is perhaps as good as any: Instruct your patient to make his clothing perfectly loose. Give him a rubber apron to put on, one which is large enough to cover him well. The apron should have a suitable hole through which to draw the penis. Have the patient sit on the front edge of a chair, and place his feet by the sides of the front legs of the chair; lastly let him lean back against the chair-back. Now, with the penis drawn well forward, you are ready to begin. First of all, wash off the outside of the prepuce, corona glandis, and see that all debris is washed away. You may now let the stream of water play in the meatus, thus washing out all the free pus. Now grasp the penis, just back of the corona glandis, between the first and second finger of the left hand, sufficiently to close the urethra at this point completely; now wash out the fossa navicularis, distending the fossa completely if possible by holding the nozzle of the syringe snugly to the meatus. This procedure should use about one-third of your solution. You have by this time used one-half of the solution. Now shift the grasp on the penis about one inch farther back, and use the balance of your solution distending the canal to this point as many times as possible. Never by any possible means allow the solution to go beyond the grasp of your fingers on the penis. If you are satisfied the trouble is limited to the pendulous urethra, never attempt to irrigate the posterior portions. Where the cases are seen early this will usually be the case, and be prevented from traveling back. Even after thorough irrigation of the lowermost part of the anterior urethra as above directed, the chances are you will carry back a few of the gonococci, should you attempt to irrigate the bulbous urethra or the posterior urethra. This irrigation should be carried out at least twice every day, until the discharge lessens and becomes thin. This may occur by the second day and it may be ten days. After this one irrigation per day will be enough. This will have to be kept up one to three weeks. As soon as the discharge becomes watery and scanty, you may lengthen the intervals of irrigation. And when the discharge ceases, and no shreds are found in the urine, your patient may be discharged as cured. This will usually occur in from three to six weeks after the first visit. The best solution to use is permanganate of potassium. It has a wider range of application than any other drug. At the same time it must be remembered that there are cases which react badly to it. This solution should be begun in strength of 1-6000, or less, if this gives much pain, and will rarely be of any use to use it stronger than 1-1000. The permanganate of potassium solution should always be freshly prepared. This can easily be done by having the five-grain tablets. One of these in two quarts of water gives 1-6000. The solution should be used as hot as it can be borne by the patient. Bichloride of mercury is a very serviceable drug, and can be used in strength of 1:20,000 to 1:10,000, or even stronger. Where some astringency is desirable, and where pus is not very profuse, it gives you good results. Nitrate of silver used in strength of 1:10,000 to 1:20,000 is very useful where more astringency is required. All irrigating fluids should be hot, never use less than two quarts at each sitting. In selecting the drug to be used, attention should be paid to the character of the urine in the first glass. If it shows pus only, permanganate of potassium is the drug of choice; if there are a considerable number of shreds, bichloride of mercury is better; if the urine contains blood as well as pus and shreds, nitrate of silver will give good results. In cases where there is excoriation of the meatus and considerable capillary oozing, sub-nitrate of bismuth in an emulsion may be used after each irrigation. When the stage of decline is well advanced and the discharge still keeps up, an astringent injection used after each irrigation is often of great benefit. Let us draw a few conclusions. First, establish well your diagnosis; give as few drugs internally as possible; never use the abortive treatment if you can avoid it; discard all procedure by the patient himself, irrigate early and often, and with the utmost gentleness and care. To use less than two irrigations per day in the early stages is unsatisfactory.

III. Records.—(*a*) *Dispensary Records.* Taking the first fifty cases which appear on the book, we have a total of 243 irrigations, or an average of nearly five per patient. Of this number only thirteen were irrigated more than five times, and the range is from one to twenty-two irrigations per patient. Here is a characteristic one of the shorter variety:

Dispensary No. 1859.—J. W., age thirty-two, married, colored, laborer; has discharge from penis; has had it now three days; came three days after exposure. Discharge is yellow, thick and not very profuse.

October 6, 1898, irrigated kali. permanganate, 1/6000.

October 7, 1898, irrigated kali. permanganate, 1/3000; very little discharge.

October 8, 1898, irrigated kali. permanganate, 1/2000.

This finished his treatment, so far as the dispensary was concerned, for he never came back. The question arises, was he cured? To which we give a very decided negative. It is very possible the discharge decreased in quantity, and the patient thought he was cured. The next thing you will hear of him is: He has a "strain," which simply means an exacerbation of his former trouble.

Here is one of longer duration, which, it will be seen, is more satisfactory:

Dispensary No. 1841.—E. W., age twenty-seven, single, colored, laborer; has had discharge for five days; has dysuria, etc. Diagnosis, gonorrhea.

Treatment:

September 30, 1898, irrigated kali permanganate 1/6000. Gave slight pain.

October 1, 1898, irrigated kali permanganate 1/3000. Says he feels better.

October 6, 1898, irrigated kali permangante 1/1000. Discharge decreasing.

October 7, 1898, irrigated kali permanganate 1/1000. Discharge decreasing.

October 8, 1898, irrigated kali permanganate 1/500. Discharge decreasing.

October 10, 1898, irrigated kali permanganate 1/500. Discharge decreasing. Two-glass test—Pus in first glass.

October 12, 1898, irrigated kali permanganate 1/500. Discharge decreasing. Pus in first glass.

October 14, 1898, irrigated kali permanganate 1/500. No pus seen.

October 17, 1898, 1/5000. Pus thin.

October 18, 1898, irrigated kali permanganate 1/5000. No pus seen.

October 20, 1898, irrigated kali pemanganate 1/2000. No pus seen. Few shreds in first glass.

October 22, 1898, irrigated kali permangante 1/6000. No pus seen. Few shreds.

November 2, 1898, irrigated kali permanganate 1/500.

November 3, 1898, irrigated kali permanganate 1/500. No discharge; few shreds.

November 8, 1898, irrigated kali permanganate 1/500.

November 10, 1898, irrigated kali permanganate 1/500.

November 12, 1898, irrigated kali permanganate 1/500.

November 19, 1898, irrigated kali permanganate 1/500. No shreds seen. Discharged as cured.

It will be seen from this history that, although the treatment was very irregular at first, the case ran a typical course, and on the whole a satisfactory one, though there is no doubt in my mind his disease would have been ended much earlier if it had been irrigated twice daily at first. As it is, the case covers seven weeks. Had the case been treated as indicated it doubtless would have terminated in three weeks.

(*b*) *Records of Private Patients.*—Mr. B., dental student. November 8, 1895, comes complaining of a very sensitive meatus, itching, no discharge yet, urine does not burn. Exposed himself three days ago, and ever since that time has had the itching sensation. On examination a very wide meatus is seen, taking over a 35 F. bougie; the meatus was slightly swollen and red on the outside; on the inside was more reddened. A single small drop of pus was seen. An application of carbolized vaseline was made.

November 9—Urine burns a good deal this morning; was given two irrigations (morning and evening) of sodii bicarbonate; to the last one was added 20 M Tr. Opii. The following ℞ was given :

℞	Kali. Cit., - -	℥ i.
	Syr. Lime Cost	ʒ iv.
	Aq. q. s. - - -	℥ ii.

S. Teaspoonful ever three hours in water.

November 10—Pus is on the increase; urine still burns; was given the irrigation, which consists of sodii bicarb. 2 ounces in C. SS. water; also added gtt. 25 Tr. Opii.

November 11—Complains of priapism; ordered sodii bicarb. 1 ounce every two hours. Irrigated same as yesterday.

November 13, 14, 15—Treatment has been kept up very carefully; no events have occurred.

November 16—This morning complains of enlarged gland in right inguinal region. Irrigated as before, and gave this:

℞	Sig. plumbi sub-acet Dil.	℥ i.
	Tr. Opii, - - - - - -	ʒ iv.
	Aq. q. s. ad. - - - -	℥ ii.

S. Local application to sore glands.

November 17—Today glands are less painful. Irrigation same as before.

November 18—This morning the prepuce is painful; the same ℞ as above ordered for this; irrigated; this evening the swelling has increased and the veins are chord-like and quite tender. Irrigated as usual.

November 19—This morning swelling nearly gone; opium and lead water kept up. The discharge is on the decline; irrigated. This evening doing well; irrigated.

November 22—Edema has almost entirely disappeared; irrigated as before; was given zinc suplh. gr. x to af iv. drachm, to be used diluted with three parts of water, after each irrigation; also at noontime. Gave the following:

℞ Quinia Sulph.
Fe Reduct ad. ʒ ss.
Ex. Nucis Vom. gr. xv.
M Et ft. in Caps. No. xxx
S. I. tid.

November 28—Very much improved; sodii irrigations have been kept up; discharge nearly gone. From this on the patient made an uneventful recovery by the end of the fourth week. It is a well-known fact that gonococci do not thrive in an alkaline medium. In this case two irrigations per day were kept up for three weeks, and in my opinion had very much to do with the favorable course of the case. Faithfulness in carrying out all the details of treatment has very much to do with the favorable course of any case.

This case is of interest only on account of the rapidity of cure:

November 6, 1897, F. B., married, white; has profuse yellow discharge; came five days after exposure. Irrigated kali permanganate 1/6000. On November 8 and 9 irrigated 1/5000. November 15, has skipped six days; discharge is a little worse; irrigated kali permanganate 1/3000; November 16 and 17, 1/2000 and 1/1500; November 19, 1/1000; November 22, 1/1500. On this date no pus is seen; no shreds in urine. Discharged as cured.

This case was irrigated eight times in sixteen days and cured. Doubtless the case would have terminated in eight days had the patient been regular in his visits. (?)

August 15, 1898, H. S., has discharge; came three days after exposure; has edema of prepuce; discharge yellow, profuse and thick; slight dysuria; no chordee. Diagnosis gonorrhea. Irrigated K. Mn. O_4 gr. xv. to c. ss. water.

August 16, irrigated K. Mn. O_4 gr. x to c. ss. water. Slight dysuria.

August 17, irrigated K. Mn. O_4 gr. viii to c. ss. water. Dysuria discharge profuse. Gave sodii bicarb. 2 t. p. d.

August 18, irrigated K. Mn. O_4 gr. xv to c. ss. water. Dysuria discharge profuse. Gave salol gr. v t. i. d.

August 20, irrigated K. Mn. O_4 gr. xx to c. ss water. Discharge profuse; priapism slight.

August 21, irrigated K. Mn. O_4 gr. xx to c. ss. water. Discharge profuse; priapism less.

August 22, irrigated K. Mn. O_4 gr. xxv to c. ss. water. Discharge less; priapism less.

August 23, irrigated K. Mn. O_4 gr. xxx to c. ss. water. Discharge less; priapism less.

August 24, irrigated K. Mn. O_4 gr. xxxv to c. ss. water. Discharge less and white; priapism less.

August 25, irrigated K. Mn. O_4 gr. xl to c. ss. water. Discharge less and white; priapism less.

August 27, irrigated K. Mn. O_4 gr. xlv to c. ss. water. Discharge less and white; priapism less.

August 29, irrigated K. Mn. O_4 gr. l to c. ss. water. Discharge less and white; knot in right groin. Paint tinct. iodine.

August 31, irrigated K. Mn. O_4 gr. lv to c. ss. water. Dischage less and white; knot better; no dysuria.

September 2, irrigated K. Mn. O_4 gr. lx to c. ss. water. Very much improved.

September 5, irrigated K. Mn. O_4 gr. lx to c. ss. water. Some priapism; slight pain 1½ inch from meatus while irrigating.

September 7, irrigated K. Mn. O_4 gr. lx to c. ss. water. Discharge less white; no priapism.

September 10, irrigated K. Mn. O_4 gr. lx to c. ss. water. Slight conjunctivitis; little priapism.

September 12, irrigated K. Mn. O_4 gr. lx to c. ss. water. Discharge more; no priapism.

September 14, irrigated K. Mn. O_4 gr. cxx to c. ss. water. Discharge a good deal; bled a little two days ago.

September 17, irrigated K. Mn. O_4 gr. lx to c. ss. water. Discharge less; also made application of balsam copaiba and ol. rosini.

September 19, irrigated K. Mn. O_4 gr. xxx to c. ss. water. Discharge less; little priapism.

September 20, irrigated K. Mn. O_4 gr. xxx to c. ss. water. Discharge white.

September 21, irrigated K. Mn. O_4 gr. xxx to c. ss. water. Discharge less. Two-glass test—Tripper-fäden and pus in first glass.

September 23, irrigated K. Mn. O_4 gr. xxx to c. ss. water, Discharge less; also instilled 30 M of 25 per cent. solution tannic acid.

September 25, irrigated K. Mn. O_4 gr. xxxv to c. ss. water. Discharge very little; same instillation.

September 26, irrigated K. Mn. O_4 gr. xl to c. ss. water. Discharge very little; same instillation.

September 27, irrigated K. Mn. O_4 gr. lx to c. ss. water. Two-glass test—Tripper-fäden in first glass.

September 28, irrigated K. Mn. O_4 gr. xxx to c. ss. water. No discharge of fäden in first glass.

October 2, irrigated K. Mn. O_4 gr. lx to c. ss. water. No discharge; no Tripper-fäden in first glass.

October 4, irrigated K. Mn. O_4 gr. lx to c. ss. water. No discharge; few Tripper-fäden in first glass.

October 7, irrigated K. Mn. O_4 gr. lx to c. ss. water. Urine clean; few Tripper-fäden in first glass.

October 12, irrigated K. Mn. O_4 gr. xxx to c. ss. water. Urine clean; one Tripper-faden in first glass.

October 16, injected Ac. tannic 25 per cent. solution. One Tripper-faden in first glass.

October 20, irrigated K. Mn. O_4 gr. xl to c. ss. water. Two or three shreds in first glass.

℞ Zinc Sulph,
Plumbi Acet.,
Cepin Sulph.,
Phenol. ad. gr. vi,
Ung Rosae, ℥ iii.,
S. ʒ i. to ʒ iii. of water as injection tid.

From the above record it will be seen the case extended over nine weeks, even though it was at no time a particularly severe case. This case stood the permanganate solution well, on one visit as much as two drachms of the drug being used in the half gallon of water. It will also be noticed the discharge began to decline by the seventh visit, even though one day was missed, and he was irrigated only once a day. After the eleventh visit the irrigations were done only every second day. The point we wish to bring out is this: The irrigations must follow each other with such rapidity and regularity that decline in amount of discharge caused by one irrigation has not passed off before the next one is given. If I succeed in impressing this one point, my efforts have not been in vain. It is by our failures we learn to improve our methods.

422 North Greene Street.

CONGENITAL TUBERCULOSIS.

While congenital tuberculosis in both men and the lower animals is rare, there is no doubt that it does occasionally occur. More often that which is transmitted from parent to offspring is a predisposition to the disease, the activity of which is augmented by exposure to infective conditions. An instance of congenital tuberculosis in the calf was recently reported by Ravenel, to the Pathologic Society of Philadelphia, and specimens from a further example of the same kind were exhibited by MacFadyen at a late meeting of the Pathological Society of London. As a rule, the calves of tuberculous cows are born free from tuberculosis, and fetid infection is usually, if not always, associated with tuberculosis of the placenta or of the uterus. Dissemination takes place under these circumstances through the blood-stream, as indicated by the widespread and discrete distribution of the lesions.—*Journal A. M. A.*

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WE are glad to be able to report to our alumni that THE JOURNAL begins its second year with very much improved prospects. Our subscription list is increasing rapidly, the financial support from our advertisers and other friends is very encouraging, and the increased interest shown in THE JOURNAL by all our graduates and friends leads us to predict an increased usefulness and interest for our publication during the year. It has been determined to issue THE JOURNAL six times a year, but there will be no increase in the subscription price. Not less than twenty-four pages of reading matter will appear in each issue, and more will be given if possible. We urge all our old subscribers to renew, and would again urge our alumni to keep us posted concerning their own movements, and those of their friends who are among our graduates. We will endeavor to give all the alumni and college news of interest and this can be done only with the co-operation of all our members.

* *

THE Baltimore Medical College had the pleasure of entertaining the members of the Medical and Chirurgical Faculty during the recent meeting. Clinics were held by Professors Merrick, Hill, Earle, Moseley, Johnson and Blake and demonstrations by Doctors Whitney and Potter. All the visitors expressed themselves as highly pleased with the clinics and demonstrations and seemed also to be very much impressed with the facilities for instruction which were shown them.

OUR last commencement was one of the most delightful ever held by our school. It was made so largely by the increased interest shown by our alumni. More alumni were present at the commencement and the banquet which followed than ever before, and the good time experienced by all well repaid any trouble they may have experienced in getting here. The banquet was held under the auspices of the Alumni Association and was a decided success.

* *

AT the annual meeting of the Alumni Association the following officers were elected: President, Dr. Duncan MacCalman; secretary, Dr. T. W. Keown; treasurer, J. H. Ulrich. Executive Committee—Drs. David Streett and Duncan MacCalman (*ex officio*), T. L. Richardson, W. E. Moseley, T. P. Lloyd, A. P. Herring, E. A. Smith, T. W. Keown, W. A. Davis, H. W. Nolte and J. M. H. Rowland.

* *

IT will give our alumni and students pleasure to hear that the Faculty have determined to give gymnasium facilities to our students. Nothing is more necessary to the successful pursuit of study than the observance of healthful exercise. One or two hours daily devoted to this purpose makes the student better qualified to receive and assimilate the teaching in lectures and clinics. Daily attendance at gymnasium should be insisted upon and considered an essential part of the day's work. Our football team is being organized and the schedule is being arranged. The outlook for next year's team is very bright.

* * * *

COLLEGE NOTES.

BY DUNCAN MACCALMAN, '95.

Since issuing our last edition of THE JOURNAL a new year in the college history has commenced. The old one closed very happily, though the class was small. The annual banquet, with its speeches and abundance of good feeling, was enjoyed by our dental graduates for the first time in the school's history.

⁂

Our new year has begun with changes of which we feel sure our alumni will approve. Among these are the very excellent one of providing a gymnasium for our students at a trifling cost to each man per session—some three dollars, I believe. For this small sum he can enjoy the advantages of a finely appointed gymnasium, and grow in mental and moral, as well as physical grace, we feel sure.

⁂

Our new professors well deserve the honor of the invitation to "come up higher." Doctors Rowland, Whitney and Potter have been doing hard and first-class work "Lo! these many years," and well deserve the title which they grace.

⁂

The Ptomaine Club—a dubious name, surely—is made up of those remnants of the chosen around the college who believe that a little recreation mixed with a little work is a good thing, and with this foolish idea they formed the club named. It meets once each month at a member's home: a paper, invariably good, is read and discussed and a slight repast with plenty of smoke follows. This is a real recreation which draws the members closer together and makes them feel that they are not single units in the city, battling with the "world, the flesh and the devil," but members of a body each member of which has like sorrows and joys. Dr. C. M. Cook was president for the year just closed, and Dr. Keown, just elected as his successor, promises for the coming year to draw a Hibernian line which every member must toe. Just watch us!

⁂

Our State board returns continue to be quite encouraging. Bad as the laws are which compel men to be examined in every State in which they wish to practice, they have the advantage of being a good test of a school's ability to send out men well prepared, and we have no reason to complain, judging from the reports which come to hand from the different States during the year.

⁂

Our new catalogue ought to be on the desk of every alumnus of the school. Won't those who do not receive a copy write a postal for one or more, and place them in the hands of young men who intend taking up the study of medicine? If a man from your district intends and insists on being a doctor, have him graduate from your school, by all means, and you can rest assured of his being all right.

⁂

The hospital staff changed as usual with the new year on May 1, and is composed of the following members: Dr. J. C. Lumpkin ('98), resident, with Harry Streett ('94), C. H. Conley ('99) and A. Hebb ('99) as assistants. S. Kennard ('99) is resident in the Lying-in Hospital, while Miss Annie Pinyon is principal of the Training School for Nurses. This is a good combination, and ought, as they certainly do at this writing, to prove the Faculty's selection a wise one. Dr. Southwick, last year's resident, is preparing to go to Germany, Dr. Murray to enter private practice, and Dr. Maggiar to return to the far East among his own people, while Dr. Lumpkin takes the long-service medal and steps up ten numbers.

⁂

It is with regret we learn of the death of J. M. T. Boyers of Grafton, West Virginia, class of '93. The doctor was well known and much liked by his classmates.

⁂

Dr. J. M. McCanless, '93, of Chesterfield, South Carolina, is sending two students to follow in his footsteps, so is F. A. Robinson

('94), J. W. Fairing ('98), F. B. Meeker ('99) and many more of our graduates.

* * *

Our New England men seem to take precedence of the older men where they locate without any trouble. E. E. Robbins ('96) stands for a good example of the successful man, he having taken a foremost place among the physicians of New Bedford from the beginning, and it is not due to luck, either.

* * *

If convenient, why not include Baltimore in your list of stopping places while on your vacation. Come and see our improvements. They are like Katisha's shoulder. "People come miles to see them." A renewal of old memories will do you good.

*"THE GENTLEMAN OF MEDICINE."**

BY REV. E. T. LAWRENCE, A. B.

Gentlemen:

Relying upon the historic fact that the robe of the priest once covered the form of the physician, though the needs of men have long since separated the sciences of theology and medicine, I, at one with you because of a relationship centuries old, come to bid you God-speed.

You, the products of a school whose merit has been proven by its works, and trained after the best medical traditions of this city of sound and conservative learning, today go out versed in your self-chosen profession and bound by its canons, to which you have freely surrendered yourselves.

Behind you are the hard days of the student—years treasured in memory for their associations, their friendships and, best of all, for their story of work well done. Now is the day of victory and of thoughts of coming rewards for your long exertions.

That reward may be the gross one of mere money, with all that it brings of selfish enjoyment; it may be fame for cold, unfeeling skill in special or general practice; it may be that best return, beyond the test of acid, scale or scalpel, the loving confidence and esteem of your patients for one known as "our doctor."

Let me suggest that in your lifework you rise above professional caste. Today "*Palmam qui meruit ferat*" is society's reply to him who foolishly relies upon a nobility of caste. He alone has a valid patent of rank who is useful to his fellows and the State. Increased acquaintance with diseases has separated medicine into three branches—the surgical, the curative and the preventative; this last I would adopt as the title of dentistry, whose intelligent use would prevent many ills of humanity. Honorable for age, the science of dentistry is also honorable from a higher title of indispensable usefulness. Society has about made up its judgment on the equal worth of these three representatives of medicine. Remember Dame Partington, and do not fight an Atlantic tide.

Financial success is certainly one of your hopes. Let me speak of some things which must receive your careful attention, lest your little bark be among breakers or sink early in your voyage.

The innocence of childhood, the holiness of womanhood must come to you for aid, into your hands, shielded only by their purity, will be trusted the most sacred things of humanity. Consider what appeal this makes to your manhood to meet these trusting ones in like spirit. Nature, you well know, takes signal vengeance for any insult, any profane handling of its pure secrets. Society also punishes the man who uses its members in low ways. With creeping steps may come the blow upon him who has let the animal in him evidence itself in word or bearing, but no second will be necessary and the medical degenerate may never return to the place whence he was cast.

---

*Valedictory Address delivered at Commencement Exercises Baltimore Medical College.

As men demand the highest purity in their medical guides, so, since to them many necessary concealments and secrets of life must be laid bare, will men require of the doctor the strictest reticence on these inevitable confidences.

The physician offensive to purity receives a certain doom; equally decisive will be the treatment of that man who violates or does not guard the trust of his patients. Rough, stern, abrupt, you may be honored for your skill; but be gossipy, indiscreet, and your patients will endure only while the trustworthy man is coming into your place and your reward.

Another hindrance to financial success may arise from neglect of your mental and social nature. Shocks to ideas of proper courtesy and social polish will start a prejudice against you; a lack of acquaintance with the best products of literature, of genius, on your part will lead the patient who has detected your mental inferiority and ignorance to a disparagement of your medical skill and a distrust that will insure an application to some one else than yourself.

Such are some of the hindrances to financial success. You may rail at a society that could overlook talent and skill because of its coat and language; remember you are the minority, and the world will go its way as majorities have ever done. Today, as always, science in rough and foul dress and with a tongue rude and vulgar will knock vainly where science pure, chaste, comely and considerate will find entrance and rich reward. So may it ever be.

I have spoken of financial reward as a motive. Let me now speak of duty, of obligation. We men of English speech come of a race always loyal to duty. In the far past as in the recent past "ought to" has moved the battle line and the individual to supreme exertion.

You, the doctors, the instructed, are possessed of that knowledge which is absolutely essential to the comfortable continuance of human life. You know the agents of relief, of invigoration. You are able to direct in lines that shall produce healthy, vigorous lives for home and State.

In addition to your ability to relieve present ills, you have a knowledge of the causes and the cure of the causes of disease. Dress, fashion, social demands and allowances you know to be in the way of the physical excellence of this generation and of the possible stamina of the race yet unborn. To expect financial return for thus opposing fashion and selfishness would be folly; but how about that phrase "Ought to"?

We have reached that moment in a physician's life where principle must rule, not profit. Healers of men you are to be, not of present ills alone, but of those possible future evils you are to be healers by "protesting" against everything prejudicial to the mental and physical excellence of mankind and by teaching their opposite truths for healing and removing the ills that may be.

A morally weakened society will make appeal to be let alone, but knowing that a present moral feebleness means worse physical degeneracy speak out plainly without thought of dollars and cents.

Don't become that abomination, the smooth, complaisant man of medicine who allows, connives at all demands of moral weaklings. Gain cannot call you here, but if duty is equally unsuccessful, do not forget that the betrayed and weakened future will not fail in hearty contempt for the medical profession which knew and taught not.

The emphasis of duty may be measured in part by the wideness of the medical learning of this day. In these ending years of the century of wonders, the discoveries and appliances in medicine are by no means insignificant. The microscope has made possible an effective warfare against disease and disease causes; the Roentgen rays have given no small help in diagnosis and the study of the living subject; surgery and the researches into toxins and anti-toxins—these all have made the physician of today rich beyond the wildest dreams of even twenty years ago, in the ability to relieve and to destroy pain.

For this one fact that *you* know, *you* can help, *you,* laying aside all thought of return, of comfort and even of gratitude, must exercise your art. Because of the appeal of agony and helplessness you must and ought risk even life in following the greatest rule of a doctor's life—Duty.

You expect to be moved by the pathos of poverty, but the rest of society, those not poverty-stricken, those who are thoughtless, defiant, ignorant about sins physical—to these you have a duty based upon your knowledge and their ignorance. Them you must teach, must warn; out of *their* hands wrest the powers of mischief, and raise against them a better informed pubic, deaf to the many personal claims now allowed for actions that are physical sins against present and future.

Gentlemen, the doubtful practices and allowances of society you must war against, knowing that such are physical and moral suicide. You may refuse to oppose, to inform men who are heretics in matters of the body and mind; from counting the cost in money you may reject duty and listen to profit; in a word, you may plan a medical course in which morals are not most important. You may do this and escape popular condemnation, but in your few noble moments you will realize that you are the worst, the meanest of quacks. Quack men call the inventor of nostrums and panaceas, but a truer definition embraces him who takes an immoral, a low view of medicine, and panders to, maintains men's wrong wishes and deep ignorance in matters medical.

Gentlemen of medicine, disciples of the *grandest* because the *purest of* humane sciences, equal your calling in high-mindedness. Keep yourselves *pure* in all senses, not simply because men will not tolerate aught else, but because that simple old law of principle, based upon God's distinction between right and wrong binds you to unselfish and pure practice of your high and noble science.

In your coming years of work, do you, knowing where others do not, able to help where others are useless, freely use your store of knowledge gained in this college; for the sake of the unborn, do all in your power, by study, experiment and careful diagnosis and record, to prepare a greater medical helpfulness in the doctor of the twentieth century.

As a clergyman, I have not presumed to offer medical advice or to talk in the terms of your science. I have kept in memory that profitable saying, "*Ne sutor ultra crepidem,*" which might be rendered, "Don't talk where *you* are ignorant." Pardon me, if I suggest the possible value of that saying to the physician. Evolutionary theories, microscopes, scalpels and even the wideness of a medical course have not given you infallibility. Keep out of metaphysics and theology. "Stick to your last," and avoid subjects on which your patients have not asked your advice. Remember that better way of helping men's souls and thus aiding their minds and physical natures, the power of a simple Christian life.

Finally, gentlemen, keep yourselves men, *manly* men, because no others are good enough to be doctors, are true and pure enough to go, to hear, to receive the confidences that are made but to one other class of men, the priest of God.

In the name of old Baltimore and her high traditions of medical science and life, I bid you "God speed" in your chosen profession, charging you that from mind of the innocence and purity the trusts that await you "Be that grand citizen, the Gentleman of Medicine."

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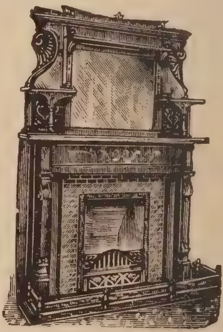

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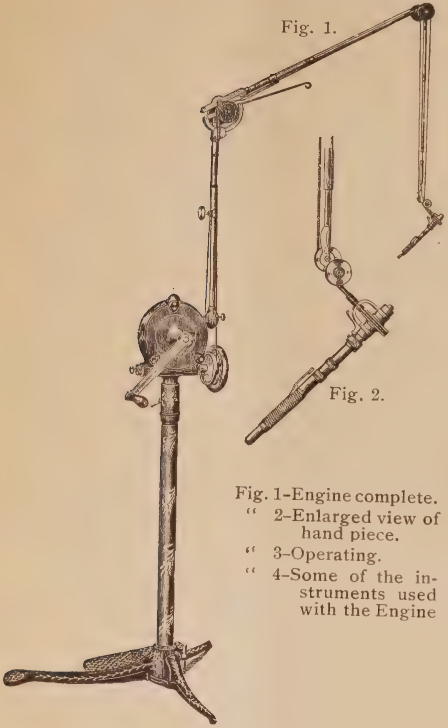


Fig. 1.

Fig. 2.

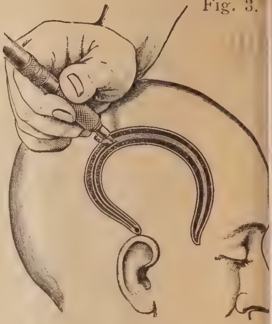
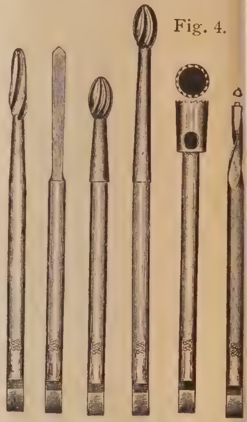


Fig. 3.



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Vol. II. BALTIMORE, SEPTEMBER 1st, 1899. No. 2.

REPORT OF CÆSARIAN SECTION IN A CASE WITH DOUBLE UTERUS, WITH SURVIVAL OF MOTHER AND CHILD.

BY JOHN D. BLAKE, M. D.

Professor of Clinical and Operative Surgery,
Baltimore Medical College.

Mrs. B., age twenty-five ; married ; born in Baltimore, of German parents ; multipara. Has had two children at full term. The first was a breech presentation, the child being delivered with great difficulty, and was dead when delivered, death being due to the protracted labor.

At this confinement the mother had several uremic convulsions, from which she slowly recovered.

The second was attended with no unusual conditions, the child being a girl, and comparatively small.

On January 2, 1899, I was asked by Dr. Lumpkin, her attending physician, to see her with him. He told me that she presented some very unusual symptoms, and as far as he could make out, there seemed to be nothing in the uterus. He also called my attention to the fact that she had had two attacks (to use her own expression) of indescribable pain, which were attended with so much depression as to very closely resemble severe shock, in each of which she was slow in rallying.

On examination I found a large tumor occupying more largely the left side of the abdominal cavity, pressing well up under the ribs, which were everted with the ensiform cartilege, while the pelvic cavity was unoccupied by the tumor.

Palpation and auscultation revealed the movements and heart sounds of the child, which were easily felt and heard through the very thin abdominal and uterine walls, while a vaginal examination with conjoined palpation revealed an empty uterus occupying the pelvic cavity.

Mrs. B. then gave the following history :

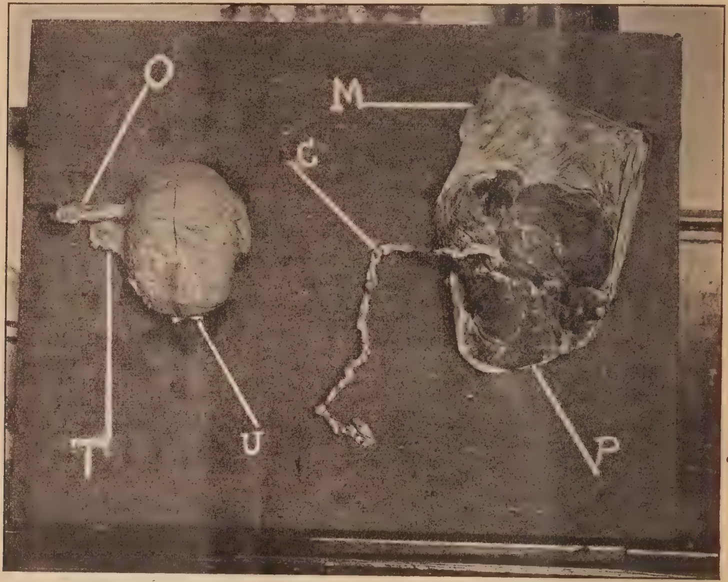
"I changed when thirteen years of age, and have always been very regular since that time, except when pregnant the first two and this time. My periods always lasted five days.

"I was regularly sick for the last time on or about the 18th of February, 1898, while between the 15th and 20th of March, 1898, I had a slight discharge for two days only."

If we consider, then, the 18th of March as the time of impregnation, the time of expected confinement would have been December 23, 1898. It was about this time when Dr. Lumpkin saw her first, he having been called on account of the peculiar attacks above referred to.

These attacks were due, in my judgment, to contraction of the uterine walls in an effort to expel its contents, which, on account of its high position in the abdominal cavity, compressed the solar plexus, producing the shock which followed.

Finding, then, an empty uterus occupying the pelvic cavity and a large sac occupying the abdominal cavity, in which we could distinctly detect a child, caused us to declare our inability to satisfactorily diagnose the case.



U-UTERUS, SHOWING LINE OF INCISION
O-OVARY.
T-FALLOPIAN TUBE.

P-PLACENTA.
C-UMBILICAL CORD.
M-MEMBRANES.

On January 3 she was removed to the Maryland General Hospital, where the next day Professor Wilmer Brinton was asked to join us in our examination, which was thorough, after which we determined that we had a very unique condition of things to deal with. Of course, we thought of the Unicorn, Bicorn, double, divided, and many other malformations, but none of these could be definitely made out.

I immediately advised operation, as there seemed to be no outlet to the tumor, and the patient was in mortal dread of another attack such as we have described.

On January 6, 1899, after antiseptic preparation had been made, I at 10 A. M. ordered ether to be administered as the anesthetic.

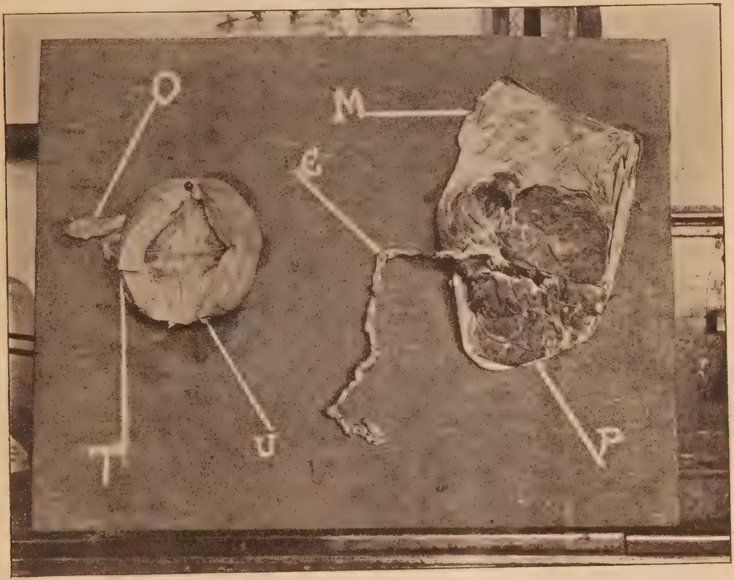
OPERATION.

Upon complete anesthesia, a modified Parro was done. This operation, it will be remembered, may be defined as a Cesarean section, followed by removal of the uterus at or about the cervical junction, with which is also removed the ovaries tubes, etc.

On opening the abdomen we found we had to deal with a large thin muscular sac, closely resembling an enlarged uterus. The walls were very thin; so much so that the movements of the child could be distinctly seen through them. The whole mass was then lifted out of the abdominal cavity, when it was discovered that we probably had a double uterus to deal with, as one ovary was attached to its lower segment, although no opening into it could be found in the vagina.

A longitudinal incision about six inches long was now made through the muscular wall, exposing the amnion, which was immediately ruptured by the hand in its introduction into the uterine cavity. At the same time the feet of the child were grasped, and the child promptly delivered; the chord was then cut, and a ten and a half pound living baby was handed to Professor Brinton, who, after closely examining it, handed it to the nurse. A clamp was now applied to the uterine and ovarian vessels and the uterus removed at its cervical juncture, which, notwithstanding the fact that she was well in her tenth month of pregnancy, the neck was quite long, not having undergone any extensive softening.

During our manipulations the placenta, which was attached near the fundus and posteriorly became detached, was removed, the vessels having been clamped and ligated; bleeding was reduced to a minimum; the peritoneum, which had been carefully dissected back from the lower segment of the uterus, was now brought over the stump, covering it completely. The abdominal cavity was washed out with warm saline solution, and the abdominal wound closed in the ordinary way with silkworm gut.



U-UTERUS, SHOWING OPENING MADE BY INCISION.
O-OVARY.
T-FALLOPIAN TUBE.
P-PLACENTA.
C-UMBILICAL CORD.
M-MEMBRANES.

The patient, having stood the operation very well, was now placed in bed, and made an uneventful recovery.

The baby was sent to the nursery of the lying-in department, where it did well for twelve days, after which time it was attacked with gastro-enteritis and died on the fourteenth day.

The most interesting feature of this case was the fact that we were unable to locate any entrance to or outlet for this cavity after repeated examinations, until she was about to leave the hospital, which was about three weeks after the operation, when, on giving her a last looking over, I accidentally discovered a small slit in the mucous membrane just inside of the labia minora, about an inch and a half long, running parallel with the labia, too small for the introduction of a bivalve speculum. With small retractors, combined with a digital examination, I found a small os presenting well back in the small vagina and somewhat posterior to the one found in the larger or usual vagina. Between the vaginæ was a thick and firm muscular septum. The newly found os was about the size of those found in girls about fourteen years of age, conical in shape, and very little changed by the previously impregnated uterus, to which it had been attached prior to the operation. The intra-vaginal portion was quite long, as was also the extra-vaginal portion above the juncture of the vaginal attachment, which gave the tumor a somewhat pedunculated appearance, and was the reason, no doubt, that the uterus occupied such a high position in the abdominal cavity.

The elongated and undilated condition of the neck at this late period of gestation proved to our mind the correctness of our position, as to the necessity of operative interference, as there was no possible chance for the lumen of either the neck or vagina increasing sufficiently to permit the passage of the child.

The explanation of this condition I am sure is to be found in the fact that while usually copulation took place in the large vagina, at the time of this impregnation the organ entered by accident the small one.

* * *

*REMARKS ON LARYNGEAL NEUROSES WITH EXHIBITION OF PATIENT ELEVEN YEARS OLD WITH PARALYSIS OF THE RECURRENT LARYNGEAL NERVE OF THE LEFT SIDE.**

BY S. K. MERRICK, M. D.

Professor of Diseases of Nose, Throat and Chest,
Baltimore Medical College.

Neurosis of the larynx may be primarily divided into two classes, viz: First, neurosis of sensation, and, second, neurosis of motion.

Neuroses of sensation are sub-divided into, first, anæsthesia ; second, hyperæsthesia ; third, parasæsthesia or perverted sensation, and, fourth, neuralgia or hyperalgesia.

It is not my intention to say much beyond simply mentioning the sensory affections of the larynx. They are comparatively rare, and the opportunity for studying them has not been so great, and our knowledge, in consequence, is neither so accurate or extensive as it is of the motor neurosis.

Neuroses of motion may be appropriately divided into two classes, viz: First, loss of power, or paralysis, and, second, perverted power, or spasm. If we eliminate the latter class, which embraces spasm of the adductors and tensors, which conditions are comparatively infrequent, we have left only that group of motor neuroses which come under the head of loss of power, or paralysis of motion.

---

*Read before the Clinical Society of Maryland.

The vast majority of laryngeal neuroses come under this heading and constitute by far the most important and interesting group of laryngeal diseases of nervous origin.

Motor paralysis of the larynx may involve only one muscle or a pair of muscles, or several of them. It may be unilateral, confined to one side of the larynx, or bilateral, involving both sides at the same time. The paralysis may be limited to the larynx or there may be paralysis also of neighboring parts. There may be present also paralysis of sensation.

The pneumogastric nerve, which is the only source of innervation of the larynx, has its origin on the floor of the fourth ventricle, where it lies in close contact with the origin of the spinal accessory and glosso-pharyngeal nerves, passes downwards and outward through the medulla oblongata and finally emerges from the skull through the jugular foramen, in company with the spinal accessory and the glosso-pharyngeal, the latter being separated from the other two by a membranous partition, usually.

Sarget has demonstrated that the pneumogastric, at its origin, is exclusively a sensory nerve and that its motor fibres are obtained principally through its inosculation with the spinal accessory, after leaving the medulla. Any pathological change at the origin of the pneumogastric sufficient to abrogate its function, should cause loss of sensation in the larynx or anæsthesia, but the origin of the spinal accessory being so close to that of the pneumogastric paralysis of motion also is almost inevitable. For a similar reason the paralysis is apt to be bilateral or become so when a central lesion occurs at the floor of the fourth ventricle because both pneumogastrics have their origin close to each other.

It will be seen from the foregoing anatomical facts that laryngeal paralysis of central origin is very likely to have associated with it paralysis of the parts supplied with innervation by the spinal accessory and glosso-pharyngeal nerves, or both.

The first nerve given off by the pneumogastric after leaving the cranium is the superior laryngeal nerve. It also receives a branch from the spinal accessory, as well as less important filaments from the facial, hypo-glossal and first and second cervical nerves.

The superior laryngeal supplies common sensation to the larynx and motor innervation to the circo-thyroid, thyro-epiglottic, and aryteno-epiglottic muscles — the only muscles of the larynx not supplied by the recurrent laryngeal nerve.

The pneumogastric within the sheath of the carotid artery passes downward and gives off its next branch after it enters the cavity of the chest. This branch is the recurrent laryngeal and supplies motor innervation to all the muscles of the larynx except those mentioned above.

Keeping in mind the anatomical facts as set forth above, we may divide the paralyses of the larynx into four classes, viz: First, those due to disease or injury of that portion of the brain involving the cerebral centres supplying innervation to the larynx; second, those due to injury of or pressure upon the nerves after they leave the cranium; third, those due to an abnormal condition of the muscles themselves, by which the muscles are prevented from functioning, and, fourth, those due to a general systemic dyscrasia, which so debilitates the muscles as to prevent them from responding to nervous influence. If we have to do with a bilateral paralysis, it will almost certainly be due to either central lesions within the skull or to pressure upon or injury of both nerve trunks after they enter the cavity of the chest, and most frequently at the point where they pass between the trachia and œsophagus. Aneurism, cancer of œsophagus and bronchocele in this neighborhood may cause bilateral paralysis of motion. When central in origin, there usually are other concomitant symptoms present which point to the source of the lesion. Apoplexy, bulbar paralysis, ascending sclerosis, central tumors, etc., are often the cause of this form of paralysis. Syphilis is an etiological factor in many cases.

In unilateral paralysis of the larynx the pathological condition is generally located somewhere along the nerve-trunk, after the superior laryngeal nerve is given off. It may, however, be central, but is apt to be the precurser of a forthcoming bilateral palsy.

The unilateral paralyses which are laid down in the text-books are as follows :

1. Abductor paralysis, which involves the crico-arytenodii postici of one side.

2. Adductor paralysis, which involves the crico-arytenodii laterales of one side.

3. Paralysis of the tension, which is of two kinds, and may involve the thyro-cricoid (very rare) or the thyro-arytenoid, which is quite common.

The thyro-cricoidii and thyro-arytenoidii are antagonistic muscles. The former make tense, the latter, relax the vocal chords. Thus it is evident when a paralysis of the former exists, tension gives place to relaxation, and the vocal chords will have a wavy and irregular outline. When the latter, known as the laxors or vocal muscles, are paralyzed, the chords are in extreme tension.

We may have unilateral paralysis involving abductors, adduction and relaxation—or complete paralysis of the recurrent laryngeal nerve.

The laryngeal image is the guide to a diagnosis in these various forms of motor paralysis, but when a combination of several forms exist in the same case it is not always easy, and sometimes impossible, to make an exact diagnosis. Touching this question, Mackenzie says:

"Not only do the combinations of paralyses vary immensely, but spasm of some muscle may occur at the same time as paralysis of others. Hence it can be readily conceived that the resulting laryngoscopic image may undergo great complications, and that the permutations of which it is capable are often difficult, and sometimes impossible to decompose."

The foregoing is intended to refresh our memories on some anatomical details, and to lead up to the consideration of the case which I shall briefly report.

The case is of the youngest person I have ever seen with this form of laryngeal paralysis, and I have been unable to find other cases in the text-books where the patient was so young, yet McBride says it sometimes occurs in "little girls."

The youth of the patient, my inability to locate the cause and the possibility of its being a paralysis of the left lateral adductors, instead of paralysis of the recurrent nerve of that side, have induced me to bring this case to the attention of the Society.

S. M., female, age eleven years, Hebrew. Mother and father both living and healthy in every particular. No history of any nervous affections of any kind in any member of the mother's or father's families could be elicited. About June 10, 1896, the patient went to bed, she remembers perfectly well, that night, and awoke next morning with hoarseness, which grew worse as the day progressed. She insists that she did not have a cold, but the hoarseness came alone, without any other symptom. Sometimes she had great difficulty in talking as night approached, and was sometimes compelled to use the whispered voice, and at her best (in the morning) she could never sing or halloo.

She did not improve and was sent to the

mountains in July, where she remained seven weeks, when she returned to the city and came under my observation (October 29) in a somewhat improved condition, but still quite hoarse.

I questioned the parents, as well as the patient, as to those diseases which may stand in an etiological relation to laryngeal paralysis, with negative results. She had suffered from time to time with what they called bilious attacks, attended with chilly sensations and general malaise, which symptoms would last a day or two, and then she would be as well as usual. I could trace no relation between the attacks and her laryngeal affection. Had diphtheria when four years old, and measles about a year later. A laryngoscopic examination revealed fixation or immobility of the left vocal chord on phonation, with no inflammatory condition in any part of the larynx. I made a diagnosis of recurrent laryngeal paralysis.

Stimulating inhalations, electricity and strychnia have been used, and her voice is considerably better, but I have never seen the least movement in the paralyzed chord, and I believe the improved phonation is due to increased accommodation on the part of the adductors of the right side.

* * *

ADDRESS BEFORE THE PUBLIC SCHOOL TEACHERS OF BALTIMORE.

BY JAMES M. H. ROWLAND, M. D.

Associate Professor of Anatomy, Baltimore Medical College.

It is with a decidedly fraternal feeling that I appear before an assemblage of teachers to discuss, from any standpoint, the subject of education, or any subject that is closely allied with it. I have been teaching in one capacity or another for thirteen years, part of the time as a public school teacher.

There has never been a time in the history of the world that the subject of education has occupied so great a place in the minds of men as at present. Teaching bodies, magazines, newspapers, and the public generally are discussing this subject as never before. It is beginning to be realized that our existing methods are not producing the proper results, and men are casting about to find wherein lies the error of the present system and to find a remedy. Thinking men are finding out that the present system not only does not educate in the fullest sense of the term, but that it is probably causing, in many instances, more harm than good. When I determined, at the suggestion of your President, to take "Nervous Prostration" for the subject of my address today, it was because I felt that the causes were so little understood by the laity that it would be interesting to this body to consider this subject, not from the standpoint of the individual case, but from a larger standpoint—that of nervous prostration of the human family.

In calling your attention to nervous prostration as the subject of this talk, I wish to treat it from two standpoints: First, the limitations which heredity and environment impose upon the human organism; secondly, the mistakes of our present methods of teaching.

You, of all people, know that, in this republic, a belief in education, free education, education for every individual, no matter what may be his condition or what may have been the condition of his progenitors, has become one of the fundamental principles of our social life. A belief in such a form of education has been almost universal, and teachers, politicians, statesmen, and parents have insisted upon it and taxes have been levied for it, and buildings have been built and faculties and teachers have been employed with this principle and belief for their justification, until the time has come when anyone who dares to dissent from this opinion is likely to be considered a crank, or worse.

I would like to present to you some opinions that a few men have held, and do hold, in regard to this subject, and, in addition, to add some opinions of my own concerning the results obtained by the application of this system.

I have no patience with the man who dismisses the whole subject with the time-worn formula that education means ambition and ambition means discontent; therefore education is a dangerous thing. Neither have I any regard for the man who, on the other hand, says, "Knowledge is power," and thereby feels that he, too, has said something that is convincing and unanswerable. Each of these occupies a position which has for its foundation some degree of truth, but we will look farther and try to see a reason for that ambition which is discontent, and that knowledge which is a *real* power, and to study the relation of each of them to the existing social conditions, and then to study the relation of these social conditions to our present school system.

Huxley says: "It is the first great law of reproduction that the offspring tends to resemble the parent or parents more closely than anything else." Most of you have been acquainted with this fact from personal observation; all of you know the tendency which children have to resemble the parents in face and figure, color of hair and eyes, the shape of the nose, in height, rotundity, etc.; and all of you must have seen many times, not only the resemblances of outward likeness, but the mental traits and characteristics of the parents reappearing in the children. This, as you know, will occur even when parents are removed by death or other separation, and the children are removed from all but hereditary influences, so far as the parents are concerned. Again, you are well acquainted with the fact that many diseases are apt to be transmitted. I should say rather that the tendency to these diseases is transmitted. In this class are tuberculosis, rheumatism, gout, cancer, Bright's disease, epilepsy, and many nervous conditions. Among other diseases which are hereditary—and this also you have experienced—are lying, stealing, immorality, laziness, drunkenness and many kindred conditions. The well-balanced condition of the mind which prepares an individual to appreciate the duties of citizenship and his proper relations to his fellowman and his duty to himself seems to belong to families rather than individuals, and we see evidence of such worth or worthlessness around us daily. I could prove this to you if it were necessary, but these truths are self-evident, and I will simply repeat the quotation: "It is the first great law of reproduction that the offspring tends to resemble the parent or parents more closely than anything else." This is probably more true of the nervous system than any other part of the human organism. Osler says: "We do not all start in life with the same nerve capital. Parents who have been the subjects of nervous complaints or of mental troubles transmit to their children an organization which is defective in what, for want of a better term, we will call nerve force. Such individuals start in life handicapped. So long as they are content to transact a moderate business with life capital, all will go well, but there is no reserve, and in the emergencies which constantly arise in the exigencies of modern life these small capitalists go under and come to us bankrupt."

This bankruptcy does not always assume the same form. It may assume the shape of hysteria, the chronic invalidism of the nervous type with which you are all familiar, and which is called generally nervous prostration. It may assume the form of melancholia or acute or chronic mania. When the mental balance is disturbed, there is no telling what shape the disturbance may assume. It is, however, apt to assume the shape of the hereditary tendency. Tendencies are present both in health and disease. While in health we may be able to subject them to the control which we have gained through our education and environment, but at the very first disturbance of the mental equilibrium in these descendants of nervous ancestors control is lost and a degeneration toward the primitive type begins. These tendencies cannot be removed. They are the results of laws which came into existence with the creation of the race and whose operations are constant and unchangeable. An eminent scientist, speaking of these laws, says: "Here lie the grand causes, for they are universal and permanent causes, *present at every moment, and in every case, everywhere and always acting, indestructible, and in the end infallibly supreme.* Since the accidents which thwart them are limited and partial, they end by yielding to the dull and incessant repetition of their force in such a manner *that the general structure of things, and the grand features of events are their work; and religions, philosophies, poetries, industries, the framework of society, and of families are, in fact, only the imprints stamped by their seal.*"

And, again, "And no matter if facts be physical or moral, they all have their causes. There is a cause for ambition, for courage, for truth, as there is for digestion, for muscular movement, for animal heat. Vice and virtue are products, like vitriol and sugar; and every complex phenomenon has its springs from other more simple phenomena on which it hangs." Again: "Man, forced to accommodate himself to circumstances, contracts a temperament and character corresponding to them—and his *character, like his temperament, is so much more stable as the external impression is made upon him by more numerous repetition, and is transmitted to his progeny by a more ancient descent.* So that at any moment we may *consider the character of a people as an abridgment of all its preceding actions and sensations.*" So we begin to see a potent reason for the influences which shape our ends. We must not consider an individual apart from his racial and family history. He has certain tendencies, certain prejudices, aspirations, fears, inclinations to study, to work, to be lazy, to steal, to be sober or drunken, to be virtuous or vicious, to lie or to tell the truth. These are the product of his ancestry and cannot be put aside any more than the shape of his nose or the color of his skin can be changed.

Maudsley says: "Each particular human ovum has an individual inheritance which makes for it an individual destiny. Men are in much alike, but each individual differs in some respects from any other individual who now exists, or it may be confidently assumed, ever has existed, or ever will exist. *And this is not a difference which is due to education or circumstances, but a fundamental difference of nature which neither education nor circumstances can eradicate.*"

It follows, then, that all men are *not* created equal. "Life, liberty and the pursuit of happiness" is now stretched to mean that all the positions of the social, political or business worlds are open to every individual claiming our citizenship. This opinion has been fostered chiefly by the people who insist on free education for the whole people. Seeing in education a good thing, and endeavoring to put this good thing within the reach of those desiring or needing it, they soon began to preach an universal diffusion of this education, and, in their endeavor to establish their opinion, they have appealed to the ambition of all, teaching that this boon is for all men; that free education is to lead the race to better purposes, to higher ideals, to diminish corruption, to establish purity, to cause the disappearance of class differences, to bring about that equality which seems so desirable, but which seems so hard to obtain. This doctrine has been so universally received and believed that we have considered it one of the foundations of our social system. These teachers forget that the natural laws which govern our lives were instituted before kings, emperors or presidents. They have failed to remember, if they ever knew it, that any education which fails to consider these laws, any education which is instituted in defiance of the laws of physiology and heredity, must of necessity fail to produce satisfactory results. We stand aghast at the mere suggestion that free education is not perhaps the excellent thing we believed it, and yet there are men of great ability and reputation who have not believed in it, and have not hesitated to express their opinions on the subject.

If these things are true of the hereditary influences, how much more are they true, and how much more certain, are the results when we have added to them the additional influences of early environment. A child is apt to grow up in the same environment which sees his birth. The kinds of environment are as numerous as the children. One child is trained in a home where light and fresh air and cleanliness are essential, another where dirt and filth and bad air are always present. The one hears profanity and indecency proclaimed daily, the other lives in an atmosphere of refinement and intellectual culture. The one never sees a book, the other is surrounded by them; the one is reared among lies, dishonesty, drunkenness, immorality; the other among kindness, honesty, honor and virtue. The one may be raised among selfish, inconsiderate, irritable invalidism, and neglect; the other among manly, self-reliant, thoughtful friends. The one may have been the descendant of parents whose whole thought has been to train their children to obedience and careful observation; the other may spring from parents whose lives have been such as to make their children antagonistic to all law and order. These, when they have arrived at the proper age, present themselves to you. You are expected to receive them as they come, from whatever ancestry, from whatever environment, intelligent and stupid, honest and dishonest, clean and dirty, liars and truthful, indifferent and thoughtful, lazy and industrious, rich and poor. You are expected to place them together, to keep them together, to teach them together, according to the plans laid down for you by the "City Fathers." They are to have the same ideals, the same ambitions presented to them; they are to receive the same instruction, presented in the same manner, and at the same time. No account is taken of previous conditions. You are expected to make the same useful and respected citizen of each of them. You know that you do not succeed. You know the mortification and disappointment which you have experienced when you see the children upon whom you have spent hours of earnest effort fail in their attempts to pass the examination, for which they are supposed to be prepared. You have failed simply because you have attempted the impossible. Your method has forgotten to take into account the individual possibilities of your class, and you have only arrived just where you might have expected. You have failed to be governed by the laws which were made for the race, and the result is bad, as it deserves to be. There never will be successful teaching until the teacher who is expected to produce the result desired shall be perfectly acquainted with the limitations which heredity and environment place upon the mental capacity of the student. Poverty and illiteracy in ancestors do not necessarily mean that the posterity must be the same, but they mean that the posterity will be the same unless there is bequeathed good sense, health, industry and honesty at the same time. With good health and good sense, a boy who has otherwise no advantages may be pushed much harder with less fear of bad results than the student who in addition to the disadvantages of poverty and ignorance has ill health and a badly balanced nervous system for an inheritance. The one stands the strain, the other goes down under it, or if he does not go down under it he expands to a certain point very rapidly and then stops. He has reached his limit. He has used up all his surplus and comes to a full stop.

> "Instruction sore long time I bore,
>   And cramming was in vain,
> Till Heaven did please my woes to ease
>   By water on the brain."

They usually wind up like this. Heads must be developed like muscles. Muscles are developed by reasonable use. They may be developed up to their limit, but no farther. Tom Thumb was a very active little fellow and had muscle enough to carry him through the world very nicely, but no one thought of putting him to digging ditches or breaking stones or prize-fighting. He had his limitations placed upon him by nature; so everyone has his individual capacity. If this capacity is understood and appreciated, all will go well, but if it is not, then must come failure and disappointment. Education is a growth, not a manufacturing process, and the offspring of pigmies do not become giants. Again, children may start to school fairly well provided by nature and environment with ability to make good progress. This ability may be disturbed by exercise out of proportion to the strength, or by intercurrent disease. It is hard to make even the most intelligent parents understand that complete cessation of school duties is far better than to compel organs with damaged functions to respond to stimuli which only add an increased burden to an already overtasked organization.

Now as to ambition: I feel that I can express this better in the words of President Harry Thurston Peck, of the Columbia University, than in my own. He writes as follows: "Discontent is, in itself, a fine thing. When it springs up in a strong creative intellect capable of translating it into actual achievement, it is the mother of all progress, but when it germinates in a feeble brain it is the mother of unhappiness alone. Yet the State decrees that all shall have some share of education—that is, some share of the discontent—and as the vast majority of minds are limited and feeble, compulsory education means everywhere compulsory discontent. Could anything be more fatuous or more dangerous, from a statesman's point of view? The thoroughly pernicious fruits of such a policy are already visible. We see on every hand great masses of men stirred by a vague dissatisfaction with their lot; their brains addled and confused by doctrine that is only half the truth and vaguely understood, yet thoroughly adapted to make them ripe for the work of the agitator and the enemy of public order. We see the farms deserted by young men who flock to the already crowded cities in the hope of ease and fortune, and by young women whose attainments fit them to be admirable dairy maids, but who aspire to be artists and musicians. Such education as they possess can never qualify them for any serious rôle; it only makes for grievous disappointment and a final heartbreak.

"Nor is there any moral safeguard in a

limited degree of education. Quite the contrary. It only makes the naturally criminal person far more dangerous, converting the potential sneak thief into the actual forger and embezzler, and the barroom brawler into the anarchistic bomb-thrower. Statistics lately sent to Congress in a veto message show the fact that in our prisons the proportion of fairly educated to the uneducated is far larger than among an equal number of ordinary citizens. And this is due to the ill-considered system which forces a half education on all men, whether they will or no, thus breeding for the State some of its most difficult sociological problems. A sounder policy would be to make the way to education easy, but not free to all. In minds that nature has adapted for development discontent will spontaneously arise, and these minds will of their own accord strive upward. Let these find education easy of attainment, since they are fitted for it."

Now, what are we to conclude from these statements? First, we must believe that the limitations imposed upon different individuals by nature do not admit of the same course of instruction in all cases or the same ability to receive instruction, and that no education or attempt to educate will be successful unless the teacher considers the class individually and not collectively. Secondly, we conclude that the sooner the attempt to make statesmen and presidents out of poor material ceases, and the senseless appeals to an ambition which is sure to be disappointed also ceases, more definite results in the line of real progress will be made. The best citizen has least discontent, and the basis of discontent is the desire for things which are beyond our reach.

Of what would the attempt to individualize the scholar consist? We have already considered the two greatest influences—heredity and environment. These are both to be considered by the teacher, and present themselves in the shape of the physical condition of the scholar. Is the child at the age of six (school age) in a physical condition to justify his acceptance as a scholar? Is the confinement of the school room and continued application to his studies, however light, likely to hinder his proper development or, again, would the atmosphere of the school, no matter how badly ventilated, be yet an improvement over the conditions from which he comes? It is probably true that any environment is better for one class of pupils than that in which they find themselves at home. It is, however, equally true that the majority of children of people in good or moderate circumstances would be better off at home until their eighth year. Bulwer Lytton says that an intelligent and loving mother is the child's best guide to knowledge, but unfortunately all cannot have this kind of parents, and early separation, even for a few hours daily, must be of great benefit to some children. Again, children, even in the same family and same environment, may be so differently constituted that different methods must be adopted in each case. Nervous, sensitive, weakly children must in no case be pushed to keep up with their physical and mental superiors, nor must fault be found with them for failure. Recognize their weaknesses and change your plan; find something which the pupil can do with less effort. There are plenty of useful and interesting things to learn which are not down in your curriculum. Of course, in this attempt to institute a rational system of education you will meet with plenty of opposition, and this opposition will come from the very people you would expect to assist you—the parents of the child. They have been taught by their parents and your predecessors that it is a disgrace not to keep up with the class. It is a disgrace not to graduate from the high school or college, and they bring the same pressure to bear upon their children. You must educate this generation of school children, the parents of the next, that health is the first and greatest blessing to be desired, after which all things may be added.

Another of the greatest mistakes in the present cramming system is that useful, honest labor in any field is not particularly encouraged. The boy who expresses his desire to be a carpenter or sailor or engineer when he grows up is considered to have a rather poor calling and low aim. The boy who proclaims that he is going to be a lawyer or doctor or be president is patted on the head with much praise. This has been the tendency of this education of books without works, and it will be your duty to teach your pupils that the engineer who carries his passengers, whose lives are in his care, safely to their destination by his honest, conscientious devotion to duty, is a better man and a worthier one than the doctor who is careless in his attention to his patients, or the lawyer who by his shrewdness fills his own pockets, while he leaves his clients much worse off than they were before he knew them. The most unfortunate result of our present educational system is the snobbery which we as a race are beginning to show by our servile, fawning attitude before wealth and position. These have been the prizes which have been continually held up to our youth, and it is no wonder that we are beginning to worship them. Set up new standards for your pupils. Set up as one standard the good health, good morals and decent living which goes to make your pupils fit for parenthood. As another standard the ability to do good service to the common wealth by the performance of honest labor intelligently directed. Then, if they have the ability to shine before their fellowmen as lights of greater magnitude, encourage that ambition, but if the ambition is greater than the capacity for development it is just as much your duty to check it and direct them into safer paths. If this is done, there will be less of the nervous tension with which we are all becoming so familiar; there will be less nervous prostration because of weakened frames and misguided ambition. A better national life will appear as your reward, and both teachers and scholars will fear nervous prostration no more.

Herbert Spencer divides education as follows:

1. The education which makes for self-preservation (largely instinctive).

2. The education which makes for indirect self-preservation.

3. The education for parenthood.

4. The education for citizenship.

5. The refinements.

This arrangement he contends is in the order of importance, beginning with the first. If any unprejudiced observer, will look carefully over our present system of education, he will find the first three entirely neglected, the fourth one almost entirely neglected, and the last, which should be least, occupies the place of greatest importance. I have not time to particularize, but to sum it up I would say that our system should be changed in the following ways:

1. The minimum age for school children should be eight years.

2. The actual time in school should be shorter.

3. There should be more attention paid to hygiene.

4. The individuality of each student should be carefully considered.

5. The classes should be small.

6. Children and parents should be impressed with the fact that good health is far more valuable than social, political or commercial preferment.

7. It should be the endeavor of teachers to impress the fact that heredity and environment are more powerful factors for in-

fluencing the progress of the race than mere education from books.

8. All teachers should be earnest students of sociology.

9. All teaching should be along the line which naturally appeals to pupils.

Our present educational standards are purely artificial. Grant Allen asks: "What more natural basis for a real education than nature? The study of the natural sciences properly presented must always appeal most powerfully to an intelligent and observant pupil and will tend to promote interest in the most stupid ones."

I have not attempted to discuss the suggestions in this talk, but simply place them before you to do with as you will. I have talked very little about nervous prostration, as you have seen, although this was to have been the subject of my address. I have tried, however, to suggest ideas, which, if you will develop them, will give you some idea of the causes and prevention of nervous prostration in the child and adult. I will close by saying for your encouragement that if those of you who are present have not nervous prostration after this very disconnected, disjointed address, you are probably immune, and I am sure you are all ready to echo the beatitude of Brander Matthews: "Blessed is the man who has nothing to say, and cannot be persuaded to say it."

* * *

A MORNING IN THE HUNTERIAN MUSEUM.

"W. O.," IN THE PHILADELPHIA MEDICAL JOURNAL.

Dying in 1793, John Hunter left his collections to his nephews, Matthew Baillie and Everard Home, with instructions that they were to be offered first to the British Government. In 1799 £15,000 was granted for the purchase, and the museum was intrusted to the Corporation of Surgeons, now the Royal College of Surgeons. In 1813 the collection was arranged in the present site, Lincoln's-Inn Fields. Many changes have taken place since that date, an enormous amount of new material has been added, and the munificent gift of Sir Erasmus Wilson, some years ago, enabled the college to display (in five large rooms with double galleries a most magnificent museum of anatomy—using the term in its wide sense—a fitting monument to one of the greatest anatomists of modern times. The rising generation in the profession, I fear, scarcely appreciates the extraordinary merits of John Hunter. Palmer's *Life* is not easy to procure, but Buckle's estimate, in his *History of Civilization in England*, is in all hands, and now Stephen Paget's *Life*, in the *Masters of Medicine* series, gives an admirable picture of this great man, to whose truly wonderful career the profession offers no parallel.

It is one of my special pleasures to spend a morning or two in the museum. I know of nothing which refreshes more easily one's knowledge of the general features of the diseases of an organ than to take the catalogue—ready at hand—and work systematically through the specimens. I began with the series illustrating ulceration of the bowels, to see which was the special reason of my visit. Naturally the remarkable lesions of typhoid fever did not escape the keen eyes of Hunter, who seems always to have been ready to do a dissection. Specimens 2508 to 2517, all Hunterian, illustrate the characteristic changes in Peyer's patches. Number 2514 is of special interest at the present time, when so much attention has been directed to the gallbladder in typhoid fever. The notes of the dissection are very full. The man was recovering from fever in Dr. Fordyce's Hospital, when he was seized with pain in the upper part of the abdomen and symptoms of peritonitis; death followed in twenty hours. The gallbladder had perforated in two places, there was peritonitis, and the glands of Peyer were swollen and ulcerated. I know of no earlier specimen of typhoid ulceration in existence. I do not remember that writers have given Hunter credit for his careful description of the lesions. Dr. Norman Moore, to whom I spoke on the question, reminded me that Matthew Baillie had figured in his atlas one of Hunter's specimens of swollen Peyer's glands, possibly this very one.

Two other series of ulcers of the intestines interested me greatly. Those of the colon in dysentery, which include a specimen of Dr. Baly's from the historic epidemic in the Milbank prison, and a group of specimens presented by Sir Joseph Fayrer, showing the lesions of the disease as met with in India. An important additional series, presented chiefly by Guy's Hospital, shows the forms of simple ulceration of the colon, which has been so well described by some of the physicians of that institution. Curling's original specimen, illustrating ulcer of the duodenum in extensive form, is here (No. 2425). A girl, aged fifteen, had an extensive burn on the chest, March 16. On the 30th she vomited a large amount of tar-like fluid, and passed the same looking material per rectum, dying twelve hours later. No. 2431, taken from another case of Curling's, shows a similar lesion.

The collection of calculi of all kinds is the largest ever made, and includes several special cabinets, as that of Sir Henry Thompson, which numbers 1,000 specimens. There are some notable stones. A 110 is a very symmetrical one, water-worn, too, and with its own case, on which is inscribed: "This stone was extracted by William Cheselden from Will Nightingale, on April 20, 1737; its weight 6½ ounces and circumference 9 inches. The operation was effected in half a minute." There are several enormous calculi. H 2 c weighs 44 ounces; was taken from the bladder (postmortem) of Sir Walter Ogilvie. H 2 a weighs 34½ ounces, and was removed from an Egyptian fellah, aged sixty. It measures 6 inches in length, 4 inches from side to side. Anteriorly it could be felt as a solid mass reaching as high as the navel. The biliary calculi, studied in connection with the section on diseases of the bile-passages, present a complete history of cholelithiasis in all its phases. There are several very large stones passed by the bowel; A 4 and 5, from sisters. A 81, two big ones passed by the Bishop of Chichester many years before his death (at ninety). No. 2436 is a gallstone, weighing 400 grains, tightly impacted in the ileum, and No. 2436 a, one removed from the bowel by operation. A 41 is a stone as large as a walnut discharged from a fistula between the navel and pubes. I was particularly interested in No. 2826, which showed a large stone projecting into the duodenum and blocking the orifice of the duct. The specimen which came from John Howship's museum was taken from a woman, aged seventy, who for six months had pains, associated with "shivering like an ague-fit," evidently, from the description, the hepatic intermittent fever so often present when the stone lodges in the diverticulum of Vater. And, lastly, A 149 is a stone of historical interest, as it was removed in 1881, one of the early gallbladder operations of Mr. Lawson Tait.

There is a remarkable collection of hair-tumors and intestinal concretions from animals, among which are a number of the famous bezoar stones, formerly so highly prized as a medicine. With catalogue in hand, to work over, even hurriedly, the specimens illustrating the diseases of the liver, is worth a course of lectures on the subject. Actinomycosis is represented by several typical examples. No. 2748 a is, so far as I know, a unique instance of calcification in irregular areas throughout the liver-substance. There was perihepatitis but no gummata. The specimen was taken from the body of a laboring man, aged sixty-two, in whose epigastrium a swelling of stony hardness could be felt. No. 2749 c is a most extraordinary gumma of the right lobe, which had extended through the diaphragm and compressed and invaded the lung. No. 2758 c is a remarkable specimen of cystic liver, in association with a similar condition of the kidneys. No. 2789 (Hunterian) shows hydatids discharged by coughing. In four months the patient brought up 135 hytadids; recovery followed. It may be noted that the original specimens of Hunter are recognized at a glance, as they have the labels printed in black. In the pancreas section I noticed in passing No. 2831, which shows a condition of the organ not often referred to, I believe, viz., a very large pancreas almost wholly converted into fat. The man died of typhus fever, and Sir James Paget, who gives the description, states that the fat had the "ordinary characters of soft human fat." I noticed a few scattered granules, like areas of fat-necrosis, to which, however, the condition as a whole is entirely different—in naked appearance at least.

There was so much to interest me in the heart and stomach sections that I devoted another day to them. I must refer, however, to No. 2923, a greatly enlarged heart with adherent pericardium, prepared by David Dundas in 1808. In his description is one of the earliest and clearest references to the association of pericarditis with rheumatism. "The most remarkable circumstance of the disease is its being always connected with or subsequent to an attack of acute rheumatism."

Passing the shelves on which the various foreign bodies were arranged, it suddenly occurred to me to look for a specimen presented by the late Dr. William Beaumont, of Toronto, a fellow of the college, and an old fellow-student at St. Bartholomew's with Sir James Paget. I cannot tell what induced me to think of a circumstance which has not recurred to my mind for years, and to which I only heard Dr. Beaumont refer once, thirty years ago. It was the pride I felt at hearing him say that he had deposited the specimen in the museum of his college, that made such a deep impression on the mind of a student. The specimen was easily found—six inches of a rocket-shaft, which, in its descent, had penetrated the orbit of a man. In an adjacent bottle was a bit of flannel in which some 120 needles were stuck, a portion of those which had been removed from various parts of the body of an hysterical Jewess in the early part of the century. This is a rich corner of the gallery and worth a careful study.

My special object in sending these brief notes is to urge upon American students the great importance of the Hunterian museum as a place for study. It is, as all collections should be, easy of access, the specimens are well arranged and well catalogued. Moreover, like the mind of its great founder, it is comprehensive. The physiological series of the organs and parts of animals is, I believe, unique; the room devoted to human anatomy contains not only treasures in anthropology for the learned, but a series of the most beautiful dissections of every part of the body which are available for study by the beginner. I have given a faint idea of the wealth of material in morbid anatomy. In reality the

Hunterian museum is a great school of medicine, in which the student with a "seeing eye" may not only glean lessons of incalculable advantage, but from which he may carry away (what will be of much greater value) an infection, however slight, with the spirit of the great master.

LONDON, July 12.

* * *

ONE HUNDRED YEARS AGO, AND TODAY.

BY T. W. KEOWN, M. D.

One hundred years ago, when Napoleon was teaching the nations of Europe the value of minutes in the art of war, when Nelson ploughed the deep in his wooden ships and depended on the ever-varying winds to catch up with the enemy, when the great American republic was slowly dragging itself from its backwoods into a foremost place among the nations of the earth—in those days what was being done in the arts of medicine and surgery? In surgery the microbes ran amuck and men and women screamed their loudest as the burning iron was passed over their naked and wounded flesh. Surgeons' nerves, as well as their knives, must have been made of steel in order to face such an ordeal, as a patient in those days must necessarily have had to go through. One cannot but be grateful for the change in today. The patient no longer suffers pain, is not bound tightly to the operator's table, but, as it were, peacefully sleeps throughout the cutting and burning and awakes to find relief from the trouble and full of hope for the future.

News did not travel by our modern rapid transit methods; the mounted messenger and stage coach with relay of horses were the chief modes of conveyance. The news was generally very stale after it had traveled over half a continent—and how costly the whole thing was! The penny postage, the telegraph, the telephone, steam and electricity, have added many comforts, and news travels fast. It took fifteen years for McDowell's ovariotomy to become known and appreciated in Europe. There were but few books to be had in America on medicine, and still fewer American authors. *Hæmostasis* was practiced in the fifteenth century; *anæsthesia* in 1842, and later with more certainty of success in 1846; *antisepsis* was introduced by Lister, and as in all cases of progress the opposition was strong, the contempt for the microbe was evident, and they laughed him to scorn. Now we have a contempt and a scorn of a different nature for the microbe; we cultivate him and his acquaintance; we admire his grit; we pry into his life history and his method of growth; his taste, his color, his special hobbies are all looked after, and he occupies a place in our technique second to none. Who now despises the microbe?

Many men have shown superior work in surgery—too many to mention—but a few will not be amiss: Murphy and his button, O'Dwyer's intubation process, McBurney's tender point, Hastley's operation for resection of the gasserican ganglion, Senn's bone plates, Sayre on orthopedric surgery, Keen, Kelly, Hamilton, etc., are names familiar to everybody.

So much progress can hardly be said to have been met with in medicine, but much has been done. The recognition of typhoid fever as a separate disease from typhus fever is due to Gerhard, an authority in clinical medicine following closely after Rush, and followed by Bigelow and Bartlett; Bright, whose name will be forever linked with kidney disease; Jenner, with small-pox and vaccination; Traube, Trousseau, Flint, Mitchell, Da Costa, Pepper, Delafield—mark the steps in the ladder of progress up to the present time.

Gynecology presents a very important branch of general surgery. McDowell's name has been mentioned; however, it is to Marion Sims to whom women owe so much in general comfort. His speculum and his operations for rectocele, cystocele and vaginal fistulæ will ever be remembered. Emmett followed in his wake and relieved suffering womankind from sundry aches and discomforts by repair of a lacerated cervix. Batley and Tait in England operated for the removal of ovaries. Hegar, in Germany, did the same—all tending to produce an artificial menopause. They were pioneers in intra-pelvic surgery. Here as well as in obstetrics much has been done for the female world. Obstetrics has much to do with providing work for the gynecologist, and there is no doubt but that the gynecologist is often pleased when he sees the results of faulty obstetricians. Semmelweis and Holmes have saved lives by insisting on aseptic midwifery. Previously women died from puerperal sepsis by the score; now we rarely see a case of sepsis in a maternity. Other steps in obstetrics have been advanced by anæsthesia and the control of hemorrhage. The Cæsarian section and symphysiotomy are now definitely recognized through the system of pelvimetry; improved instruments, lighter in make and better adapted to work are in use, and a better recognition of how and when to use them has made the art of midwifery eminently practical.

In therapeutic medicine we make use of the hypodermic syringe, and a greater boon to the sufferer does not exist. Then, again, instead of the evil-looking, black, unpalatable medicine formerly prescribed, we have the various sugar, gelatin or chocolate-coated pills; the administration of alkaloids in small doses of known strength, combined with a clearer conception of the nature of the disease; a better knowledge of the physiological action of each drug given, and the indications pointing out the line of medication to follow. How much better than when the disease was only guessed at, and the drug almost untried !

Organo-therapy is assuming an important rôle in medicine. Extracts of thyroid, suprarenal capsule testes, etc., are all in use, but as yet this line of treatment is only in its infancy. It has not made quite as rapid progress as anti-toxin appears to do. Anti-toxin in diphtheria has done wonders. It is a step added on to O'Dwyer's intubation process. It is on trial in other diseases; what its success may be the future alone can tell.

Medicine is becoming scientific; slowly but surely we are coming out of the realm of humbug and quackery, and into that of science. Physiological chemistry, the chemistry of the excretions and secretions, has but recently been introduced; the relation of digestion to disease is more apparent; the rate of elimination materially influences cause and effect. We need much research along this line, and the dawn is not far off.

Our schools of medicine were few in the beginning of the century. The course of study embraced but a few branches; the knowledge obtained was but scanty, and mostly argumentative. Today our laboratories and lecture halls are open to the students for four courses of not less than six months each, graded so that the student steps out of his primaries into his more advanced studies. He is even then kept very busy, and finds that it is impossible to do more than mere necessary work. How much better he is being fitted for his life work than when he crowded all his work into two courses of four months each, with probably more lectures omitted than heard.

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WE reproduce from the columns of the *Philadelphia Medical Journal* a letter from one of the most distinguished members of the profession, at this time spending some months abroad, in which he describes a visit to the Hunterian Museum, and in his well-known style describes the museum as it now appears, one hundred years after its purchase and one hundred and six years since the death of its founder. We who at the present day, in spacious laboratories, filled out with all modern scientific apparatus, holding an abundance of material and in charge of efficient and well-paid instructors, spurred on by the applause of our professional brethren and the gratitude of the intelligent public, with vast accumulations of the results obtained by many lives devoted to special lines of original research, can hardly estimate at their true worth the wonderful achievements of the founder of the museum and some of his contemporaries. These men, surrounded by the not yet dissipated superstitions of the dark ages, their attempts to fathom the mysteries of anatomy, physiology and pathology hampered by a distrustful and ignorant public. With no accumulated store of knowledge and experience for a guide, with no traditions of a glorious past to stimulate or encourage them, they fought their way undaunted through all opposing forces to some of the greatest discoveries of a great age. A glance at their history is instructive and encouraging to any one disgruntled with his chance. John Hunter, the founder of the above mentioned museum, was born into a poor family, had little education, and as a boy spent most of the time in "pestering people with questions about what nobody knew or cared anything about," according to his own statement. "When I was a boy I wanted to know all about clouds and grasses; I watched the ants, trees, birds, tadpoles, and caddis worms"—not a bad beginning, however, for a boy who as a man was to become the first comparative anatomist of note. After some years of uneventful life, he was taken to London by his brother, Dr. William Hunter, and began the study of medicine under his care. He soon became an assistant of his brother, especially in his anatomical work, in which he showed great skill. The following quotation from *Masters of Medicine* shows the character and spirit of his work at the time: "It was not his intention to make dissections of particular animals, but to institute an inquiry into the various organizations by which the functions of life are performed, that he might thereby acquire some knowledge of general principles. This, I believe, had never been before attempted, or certainly had never been carried far into execution. So eagerly did Mr. Hunter attach himself to comparative anatomy that he sought by every means in his power the opportunities of prosecuting it with advantage. He applied to the keeper of wild beasts in the tower for the bodies of those which died there, and he made similar applications to the men who showed wild beasts. He purchased all rare animals which came in his way; and these, with such others as were presented by his friends, he entrusted to the showmen to keep till they died, the better to encourage them to assist him in his labors." We see in this picture the evidence of the true pioneer. Originality, individuality, the instinct of the leader who knows not failure. His home became a menagerie; everything from a domestic fowl to a buffalo could be seen there—foxes, leopards, hedge-hogs, mice, rabbits, bulls, ducks, bees, ostriches, fishes, frogs—in fact, anything which was of interest while living and which could be dissected when dead. He caused his servant to keep track of a huge "Irish giant" (O'Brien) when his health declined. The giant finding this out used every means to escape Hunter, and before his death left orders to have his body watched night and day, which was done, but Hunter managed by payment of £150 to bribe the caretakers, and got possession of the body. Dissecting was a passion with him, and he allowed no chance or material to escape. Here are extracts from some of his letters to Jenner :

"I want a nest with the eggs in it; also one with a young cuckoo; also an old cuckoo". . . . . .

"I thank you for your experiment on the hedge-hog; but why do you ask me a question by the way of solving it ? I think your solution is just; but why think ? Why not try the experiment? Repeat all the experiments upon a hedge-hog as soon as you receive this, and let me know the result." . . .

"I have but one order to send you, which is, to send everything you can get, either animal, vegetable or mineral, and the compound of the two, either animal or vegetable mineralized."

"Have you large trees, of different kinds, that you can make fire with ? If you have, I will put you upon a set of experiments with regard to the heat of vegetables."

"Have you any eaves where bats go at night ? Have you got the bones yet of a large porpoise ? I wish you had. Is ever the salmon spawn seen after she has parted with it ? What do you think of examining eels ?"

These are a fair sample of his letters showing with what unflagging interest he worked. All this time he is doing general practice, surgery, teaching in a medical school and dissecting before picked classes. His later life was rendered unhappy by ill health and quarrels with his brother. In fact, he quarreled continuously with his professional brethren, his capacity for fighting almost equaling his capacity for work. He left behind him an immense collection of curious and valuable collections, which was the foundation of the present museum. His labors and results were aided by several of his contemporaries and predecessors, among whom were William Harvey and Jenner. In Harvey's time there were curious regulations for dissection, and the method for dissection was prescribed by law, and the lecturer on anatomy, who was considered a man of much importance, was only allowed three days to complete his dissection. We stand amazed at the results which these men accomplished under such conditions as they worked. Their example should be an encouragement to all who are willing to bring willing hands and stout hearts to the pursuit of knowledge.

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Dr. Charles B. Nancrede, the distinguished professor of surgery in the University of Michigan, shows in his recently published article in the *Medical Times* that many of the ideas prevalent concerning gunshot wounds made by the present modern weapons are erroneous. Dr. Nancrede bases his remarks upon the very extensive experience attending the recent fighting in Cuba, and his attitude can best be explained by his own words. He says: "My present attitude with regard to many questions should have special weight accorded to it because it is decidedly opposed to that which I had formerly believed I was authorized to teach from what past experience had taught me, or experiments, conservatively interpreted, seemed to warrant me in relying upon." He shows, first, that, while the initial velocity of the projectile from the modern weapon is much greater than that of the older weapon, the "energy" or destructive power of the old "Springfield" is almost as great at the ordinary fighting distance. He shows that the penetrative power of the projectile depends on its remaining *undeformed,* the penetration being only one-fourth as great in the *deformed* bullet. He shows also that, in spite of the theoretical opinions to the contrary, a large percentage of the balls do lodge. He considers that while some of the surgeons thought that twenty-five per cent. of the bullets "lodged," that this is too high, ten or fifteen per cent. being about the correct estimate. In the third place, he states that the explosive effects of the modern projectiles whereby great areas of tissue are destroyed is very greatly exaggerated. This, he states, is due to the fact that the velocity remaining to the ball after a flight of several hundred yards was not sufficient to impart sufficient motion to the tissues of the wounded parts to convert them into "secondary missiles." He commends the "first-aid" packet in the strongest terms, and declares that in military surgery asepsis and anti-sepsis have taken the place of anesthesia as the chief blessing. He says that amputation of limbs for extensive fracturing was almost unknown, and that all perforating wounds of the intestine which were operated upon terminated fatally, while some which were not operated upon recovered. Wounds of the liver and kidney did not seem to give rise to dangerous infection. He closes by saying: "I believe that in all cases where distinct indications do not exist for meddling, the best *primary treatment* for modern base wounds of joints is antiseptic occlusion, to be followed by antiseptic incision, exploration, removal of infected foreign bodies, fragments of bone, etc., and the maintenance of free drainage, *when the occasion requires,* not merely to meet a theoretical possibility which may never materialize.

* * *

In an address on *Surgery* before the British Medical Association, Dr. Ogston discusses the condition of the medical service in the English Army. He finds that the same condition exists there as here, that the service is not prepared to perform its part of the duties which would arise in case of a modern campaign. The secret of the matter is that the number of medical officers is too small, and that no attempt is made to keep them in touch with modern surgical and medical practice. The addition of surgeons from civil life is a failure, as demonstrated by our recent experience in the field. The civil surgeon is in all cases better prepared to do actual medical and surgical work than the army surgeon, but on account of the want of special knowledge necessary in taking care of large bodies of men he also is a failure. The remedies are two: (*a*) The establishment of a course in all medical schools relating to military medicine, including establishment of hospitals and ambulance work and the hygiene of camp life. (*b*) An arrangement by which all men connected with the military establishment could arrange to supplement their knowledge of medicine and surgery from time to time without loss of pay or rank while so doing. In this way military surgeons would be enabled to do as good work as civil surgeons, and if it were necessary to add volunteer civil surgeons to the list in any emergency they would have the training necessary to make them useful and efficient.

* * *

The commission which was appointed in 1897 to investigate in Havana the nature

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of yellow fever have reported their conclusions. These findings are interesting in that they settle some points of controversy which have existed between Sanarelli and General Sternberg concerning the bacillus icteroides. The conclusions are found below:

1. That the micro-organism discovered by Professor Giuseppe Sanarelli, of the University of Bologna, Italy, and by him named "bacillus icteroides," is the cause of yellow fever.

2. That yellow fever is naturally infectious to certain animals, the degree varying with the species; that in some rodents local infection is very quickly followed by blood infection, and that while in dogs and rabbits there is no evidence of this subsequent invasion of the blood, monkeys react to the infection the same as man.

3. That infection takes place by way of the respiratory tract, the primary colonization in this tract giving rise to the earlier manifestations of the disease.

4. That in many cases of the disease, probably a majority, the primary infection, or colonization in the lungs, is followed by a "secondary infection" or a secondary colonization of this organism in the blood of the patient. This secondary infection may be complicated by the co-instantaneous passage of other organisms into the blood, or this complication may arise during the last hours of life.

5. That there is no evidence to support the theory advanced by Professor Sanarelli that this disease is primarily a septicemia, inasmuch as cases do occur in which the bacillus icteroides cannot be found in the blood, or organs in which it might be deposited therefrom.

6. That there exists no causal relationship between the bacillus "*x*" of Sternberg and this highly infectious disease; and that the bacillus "*x*" is frequently found in the intestinal contents of normal animals and of man, as well as in the urine and the bronchial secretion.

7. That, so far as the commission is aware, the bacillus icteroides has never been found in anybody other than one infected with yellow fever; and that whatever may be the cultural similarities between this and other micro-organisms it is characterized by a specificity which is distinctive.

8. That the bacillus icteroides is very susceptible to the influence injurious to bacterial life; and that its ready control by the processes of disinfection, chemical and mechanical, is assured.

⁂

BOOK REVIEWS.

When we saw the title of this work, *A Text-book of Anatomy by American Authors,* we imagined that we should find a work on the plan of the other "American" text-books. The authors are American, but with the exception of the section on *The Muscles,* by Dr. Gerrish, we can find no evidence of originality or improvement on the other standard anatomies. In this section Dr. Gerrish has placed a series of diagrams showing the action of the various muscles which are instructive and valuable. There are in all nine hundred and fifty illustrations in the work, an unusual number; but what seems a strange thing is a text-book by American authors. Sixty per cent. of these are copied from our French text-book (*Lestrit*). There are a few illustrations showing sections of the frozen cadaver, which are interesting, but scarcely valuable. There is not a single dissection in the whole book, all the illustrations being diagrams. It is our opinion that a text-book intended for students should, in showing blood vessels, nerves, muscles and viscera in position, depend entirely on photographs of dissections or on engravings made from actual dissections. No matter how well done a diagram may be, it is not what the student finds when he dissects. He can understand a dissection better, and it not only appeals to his understanding, but furnishes him with a subject for emulation. What has been done ought to be done again, he thinks, and proceeds to make his dissection as creditable as possible. The authors leave out much of the undesirable descriptive matter which abounds in many of the other text-books, and dispense with the numerous closely printed foot notes in which most anatomies abound. At the end of the work are eleven "skiagraphs," showing the various articulars, and a chapter giving directions concerning the conduct of dissections which will be of advantage to the student. The publishers have done their part of the work well, and the book presents an attractive appearance.

⁂

COLLEGE NOTES.

BY DUNCAN M'CALMAN.

The preliminary session has opened with more promise than any September session has done for many years past, and this in a good measure is due to the spirit shown by our alumni in sending prospective doctors; this shows true college loyalty, and in the hope of its larger growth we pledge our standing army.

⁂

Students frequently grumble at having to pursue some form of employment other than studying or resting during the summer months, and yet it is doubtful if many ever regret such a necessity after having settled in practice, it invariably turns out that their services are appreciated over those of any other class of men. The manager of one of the largest railroad concerns in the country remarked the other day that students made better employes than others because they were gentlemen, a uniform making no difference in their conduct. *Noblesse oblige!*

⁂

Anticipations of the opening lecture and election of class officers is now in order with the incoming generation. May both events pass off with the enthusiasm our readers were wont to possess! What excellent political material the average doctors are. Many good statesmen have been spoiled in their making. Remember the party caucuses prior to a class election, the understandings, nomination manœuverings, vote taking and counting, announcement of results! Quay and Croker even might learn from them.

⁂

"All things are ready," even to the ceremonies attendant upon the initiation of the newest freshman to the famous secret society which held court, lived and died with one member a few years ago. That the member lived was the wonder.

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The college building has been renovated from roof to cellar during the past summer, added equipment placed in position, and the best schedule in the school's history prepared. Let us hope the "Hour and the Man" has come to many of this year's classes.

⁂

Among our hopes for the coming session we hold the following among the dearest: Students who think lecture hours all too short, even when their dinner hour is being invaded. Those who think anatomy, chemistry and physiology "awful easy." Those who find anatomical laboratory zephyrs laden with cologne. Those who want no recess at Christmas time. Those who know so much more than the text-books that they find these aids bores. Those who think *their* examinations the easiest ever given by the school. Those who do not encourage our athletic teams, and, lastly, really those who never invade the dean's office.

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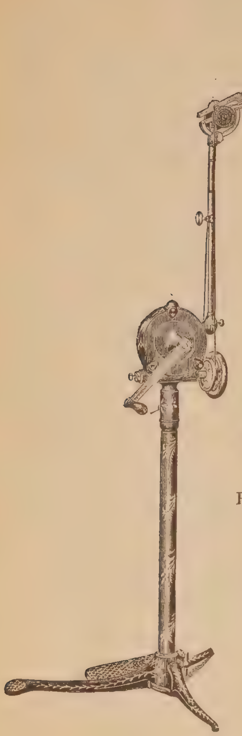

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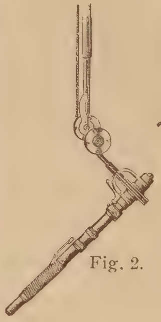

Fig. 2.

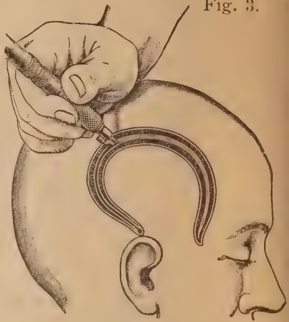

Fig. 3.

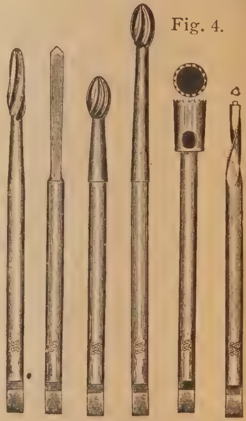

Fig. 4.

Fig. 1–Engine complete.
" 2–Enlarged view of hand piece.
" 3–Operating.
" 4–Some of the instruments used with the Engine

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Baltimore Medical College
ALUMNI JOURNAL.

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*REPORT OF FIFTY-FIVE CONSECUTIVE ABDOMINAL SECTIONS MADE FOR OTHER PURPOSES THAN HYSTERECTOMY.**

BY W. E. MOSELEY, M. D.
Prof. of Diseases of Women, Baltimore Medical College.

Gentlemen—I want to thank you for inviting me to read a paper at this the third annual meeting of your local society. When your invitation was first received, I could not see my way clear to come to you, and, as you are all medical men, you will readily imagine the innumerable obstacles to my leaving my home and work. But when I received your programme and saw that you had me down for a paper, I determined to close my eyes and ears to all obstacles and to come up and see you, feeling certain that, however little you got from my short paper, I should be the gainer from the enjoyment of your good fellowship and hospitality.

My purpose tonight is to present to you a tabulated report of fifty-five consecutive abdominal sections, made for other purposes than hysterectomy, in my private sanatarium and the Maryland General Hospital. To report somewhat in detail a few of the more interesting cases, to consider certain points of technique which tend to insure good results and certain causes of failure which must be avoided or overcome.

A resumé of the tabulated cases shows the following conditions requiring operative interference:

	Cases.
Ovarian cyst—double	1
Ovarian cyst—single (not including minor cystic changes)	3
Parovarian cyst	1
Retroversion or Retroflexion, irreducible	12
Prolapsed and adherent tubes and ovaries	13
Fibroid ovaries	2
Calcareous ovaries	1
Abscess of one ovary	3
Abscess of both ovaries	1
Hydrosalpinx—single	4
Hydrosalpinx—double	1
Pyosalpinx—single	3
Pyosalpinx—double	16
Salpingitis — single (marked inflammatory changes, but no pus found)	5
Salpingitis — double (marked inflammatory changes, but no pus found)	7
Sub-peritoneal fibroid—small	1
Abscess in wall of Uterus	1
Eucysted Peritonitis—Tuberculous	1
Inflamed appendix caeci	4
Pelvic Abscess	2
Haematoma of Ovary (single)	2
Ventral Hernia	2
Hystero-Epilepsy	1
Procidentia, complete	1
Gall Stones	1

The operations may be summarized as follows:

Salpingo-Oorphorectomy—single	13
Salpingo-Oorphorectomy—double	29
Ventral fixation	12
Removal of inflamed appendix caeci	4
Suspension of ovary (to broad ligament)	2
Myomectomy	1
Removal of portion of ovary	1
Removal of Gall Stones	1
Ventral Hernia	2

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*Read before the George's Creek Medical Society.

Tabulated Report of Fifty-Five Consecutive Abdominal Sections.

EXPLANATION OF ABBREVIATIONS.

M. G. H.—Maryland General Hospital.
P. S.—Private Sanitarium.
S.—Single.
M.—Married.
W.—Widow.

No.	Place.	Age.	S., M., W.	Color.	DIAGNOSIS.	OPERATION.	ADHESIONS.	Drainage.	Result.	Complications.	REMARKS.
1	M. G. H.	43	S.	White.	Ovarian cyst of right ovary. Small cyst of left ovary.	Double ovariotomy, with removal of both tubes.	None.	No.	Cured.	None.	Cyst contained over two gallons of rather thin gelatinous fluid.
2	P. S.	25	S.	White.	Prolapsed and adherent ovaries.	Removal of both tubes and ovaries.	To broad ligament.	No.	Cured.	None.	During convalescence discovered a right movable kidney. Ovaries removed to bring about menopause, owing to extreme incurable dysmenorrhoea. Had been under observation for three years.
3	M. G. H.	28	M.	White.	Double hydrosalpinx. Uterus retroflexed and adherent.	Removal of both tubes and ovaries.	Between uterus and tubes and uterus and rectum.	No.	Improved.	Stitch abscess.	Uterus could not be brought up to abdominal wall.
4	P. S.	23	M.	White.	Extreme dysmenorrhoea, with hystero-epileptic attacks at periods.	Removal of both tubes and ovaries.	None.	No.	Cured.	None.	Operation done to induce menopause.
5	P. S.	34	M.	White.	Retroversion. Prolapse of both ovaries, with adhesion.	Ventral fixation.	Between ovaries and broad ligament.	No.	Cured.	None.	Patient has movable right kidney. Kidney and ureter palpated through abdominal incision by Dr. Finney. Kidney slightly enlarged and ureter normal to full. Patient is now about four months pregnant.
6	M. G. H.	25	S.	White.	Double salpingitis.	Removal of both tubes and ovaries. Removal of inflamed appendix.	Universal.	No.	Cured.	None.	....
7	M. G. H.	20	S.	White.	Double pyosalpinx.	Removal of both tubes and ovaries.	Universal.	No.	Cured.	Stitch abscess.	....
8	M. G. H.	29	M.	White.	Double pyosalpinx. Abscess in walls of uterus.	Removal of both tubes and ovaries.	Light adhesion.	No.	Died.	None.	....
9	P. S.	34	S.	White.	Retroversion of uterus. Prolapse of both tubes and ovaries, with adhesions. Double salpingitis.	Ventral fixation.	Between uterus and rectum. Between prolapsed tubes and broad ligament.	No.	Unimpr'd.	None.	Suspensary sutures broke about fifth week, allowing uterus to fall backward and necessitating a second operation. Vide case No. 11.
10	M. G. H	22	M.	White.	Retroversion of uterus. Prolapse of ovaries.	Ventral fixation. Suspension of right ovary to edge of broad ligament.	Light between ovaries and broad ligament.	No.	Cured.	None.	....
11	P. S.	34	S.	White.	Retroversion of uterus.	Ventral fixation.	None.	No.	Cured.	None.	Vide case No. 9.
12	M. G. H.	33	S.	Black.	Adherent right tube.	Removal of portion of right tube.	Between right tube and intestines.	No.	Cured.	None.	At some previous operation only fimbriated end of right tube was removed. Remainder of tube found inflamed and adherent to intestines. Removed.
13	M. G. H.	38	S.	Black.	Sub-per. fibroids.	Myomectomy.	None.	No.	Improved.	None.	Patient a pronounced neurasthenic. Operation performed for diagnostic purposes.
14	M. G. H.	33	W.	White.	Double pyosalpinx.	Removal of both tubes and ovaries.	Extensive adhesion, on both sides. To broad ligaments and left tube to uterus.	No.	Cured.	Stitch abscess.	Right tube filled with pus, ruptured while being removed. Left tube and ovary densely adhered to broad ligament and uterus.

No.	Place.	Age.	S., M., W.	Color.	DIAGNOSIS.	OPERATION.	ADHESIONS.	Drainage.	Result.	Complications.	REMARKS.
15	P. S.	38	M.	White.	Double pyosalpinx. Both tubes and ovaries prolapsed.	Removal of both tubes and ovaries.	Both tubes and ovaries adherent to broad ligament and bottom of cul-de-sac. Adhesions dense in character.	No.	Cured.	None.	....
16	M. G. H.	23	S.	Black.	Retroflexion of uterus, with adhesions. Left ovary enlarged, prolapsed and adherent.	Removal of left ovary. Ventral fixation.	Between uterus and rectum. Between left ovary and broad ligament.	No.	Cured.	Stitch abscess.	Stitch abscess apparently from blood clot which broke down.
17	M. G. H.	23	S.	White.	Retroverted and adherent uterus. Prolapsed and adherent right tube and ovary.	Removal of right tube and ovary. Ventral fixation.	Between uterus and rectum. Right tube and ovary to cul-de-sac.	No.	Cured.	Stitch abscess.	On second day patient while hysterical got out of bed, causing hemorrhage in incision. On opening dressing, found broken-down blood clot under upper portion of subcutaneous suture.
18	P. S.	24	M.	White.	Fibroid ovaries.	Removal of both tubes and ovaries.	None.	No.	Cured.	None.	Extreme dysmenorrhoea, with intermenstrual pain.
19	M. G. H.	22	M.	White.	Retroversion, with adhesions.	Adhesions broken up and adherent and inflamed appendix removed.	Dense adhesion between uterus and rectum. Appendix adherent to uterus.	Yes.	Cured.	None.	Impossible to bring uterus up to abdominal wall, prevented ventral fixation.
20	M. G. H.	32	S.	White.	Double salpingitis, with prolapse of both tubes and ovaries adherent. Uterus retroverted and adherent. Hydrocele of right round ligament.	Removal of both tubes and ovaries. Ventral fixation.	Universal.	No.	Cured.	Stitch abscess.	Acute eczema of whole abdomen; first seen when abdomen was prepared for operation.
21	M. G. H.	17	M.	White.	Left pyosalpinx.	Removal of left tube and ovary.	Between left tube and ovary and surrounding parts, dense.	No.	Cured.	None.	....
22	P. S.	26	W.	White.	Right ovary cystic; left ovary much enlarged and cystic. Uterus retroverted and adherent.	Left ovary and tube removed. Cyst in right ovary dissected out. Ventral fixation.	Between uterus and rectum. Left tube and ovary to surrounding parts.	No.	Cured.	None.	Left ovary constituted a small ovarian cyst.
23	M. G. H.	19	S.	Black.	Double pyosalpinx. Prolapse of both tubes and ovaries.	Removal of both tubes and ovaries. Removal of inflamed appendix.	Dense between tubes and ovaries and broad ligament and uterus.	No.	Cured.	None.	Appendix adherent to mass in right side of cul-de-sac.
24	M. G. H.	33	M.	White.	Double pyosalpinx. Abscess of right ovary.	Removal of both tubes and ovaries.	Universal. No adhesion.	No.	Cured.	Superficial stitch abscess.	....
25	M. G. H.	23	S.	White.	Left par-ovarian cyst.	Removal of cyst and left tube and ovary.	Left tube adherent to tumor.	No.	Cured.	None.	Pedicle three inches of broad ligament; tied off by chain suture. Cyst contained almost one and a half gallons fluid. Left tube much elongated and adherent throughout its entire length to wall of cyst.
26	M. G. H.	25	S.	White.	Chronic salpingitis and fibroid ovary of right side.	Removal of right tube and ovary. Adhesion in left side broken up.	Stump in left side adherent to omentum and small intestines.	No.	Cured.	None.	Left tube and ovary removed two years ago.
27	M. G. H.	..	M.	White.	Double pyosalpinx and ovaritis.	Removal of both tubes and ovaries.	Universal and dense.	No.	Cured.	None.	Both tubes and ovaries prolapsed behind uterus and buried under dense sheet adhesions.
28	M. G. H.	18	S.	Black.	Both ovaries enlarged, with calcareous degeneration. Both ovaries prolapsed behind the uterus.	Removal of both tubes and ovaries.	None.	No.	Cured.	None.	....

No.	Place.	Age.	S., M., W.	Color.	DIAGNOSIS.	OPERATION.	ADHESIONS.	Drainage.	Result.	Complications.	REMARKS.
29	M. G. H.	20	S.	Black.	Double pyosalpinx.	Removal of both tubes and ovaries.	Dense and universal.	Gauze for 72 hrs.	Cured.	None.	On removal of gauze loose sutures were tightened and opening closed kindly. No suppuration.
30	M. G. H.	20	S.	Black.	Double pyosalpinx.	Removal of both tubes and ovaries.	Dense and universal.	Gauze foll'wed by rubber tube.	Cured.	None.	Tissues at bottom of pelvis in a broken-down condition.
31	M. G. H.	..	M.	White.	Right ovarian cyst. Obstruction of common bile duct by gall stone. Dilated gall bladder which contained two stones.	Ovariotomy. Removal of gall stones from gall bladder and drainage of gall bladder.	None.	Of gall bladder.	Cured.	None.	Ovarian cyst size of an egg. Right tube and ovary normal.
32	M. G. H.	..	M.	White.	Double pyosalpinx.	Removal of both tubes and left ovary.	Universal and very dense	No.	Cured.	None.	Right ovary buried under such dense adhesion that it was thought best not to disturb it.
33	M. G. H.	17	S.	Black.	Salpingitis of right tube. Pyosalpinx of left tube. Abscess of left ovary.	Removal of both tubes and ovaries.	Universal and very dense	No.	Cured.	None.	Left ovary, containing a large abscess, was buried in the midst of a mass composed of the left tube, small intestines and broad ligament.
34	M. G. H.	20	S.	White.	Cystic degeneration of right ovary and salpingitis of right tube.	Removal of right tube and ovary.	Light adhesions on right side.	No.	Cured.	Stitch abscess.	....
35	M. G. H.	15	S.	Black.	Abscess of both ovaries. Double pyosalpinx.	Removal of both tubes and ovaries.	Universal on both sides. To broad ligaments and intestines.	No.	Cured.	None.	Pus in tubes examined for gonococci, but none found.
36	M. G. H.	19	S.	White.	Encysted peritonitis. Tuberculosis.	Abdomen irrigated with normal saline solution.	Intestines pushed up above level of umbilicus and matted together. Omentum closely adherent to peritoneum.	No.	Improved.	None.	Patient has a cough. Both the cystic fluid (pale straw color) and the sputum have been examined for tubercle bacilli, but none found. Reproductive organs small and illy developed. Patient an imbecile. Patient afterward died of general tuberculosis.
37	P. S.	32	M.	White.	Hydrosalpinx of left side. Adherent appendix caeci.	Removal of left tube and ovary. Removal of appendix caeci.	Left tube and ovary lightly adherent to broad ligaments and bottom of cul-de-sac. Left ovary densely adherent to left tube.	No.	Cured.	None.	....
38	P. S.	38	M.	White.	Double pyosalpinx.	Removal of both tubes and ovaries.	Both tubes and ovaries densely adherent to broad ligaments, walls of cul-de-sac, intestines, omentum and uterus.	No.	Cured.	None.	....
39	M. G. H.	..	..	Black.	Pelvic abscess (left side).	Abscess opened, drained and washed out.	....	Yes.	Improved.	....	Pus had burrowed through inguinal canal and found tumor above Poupart's ligament. Abscess filled whole left side of pelvic cavity. Developed a few weeks after an abortion.
40	M. G. H.	..	..	White.	Pelvic abscess (left side).	Abscess opened, washed out and drained.	....	Yes.	Improved.	....	Abscess filled whole left side of pelvic cavity, pushing uterus to right side and intestines above brim of pelvis. Developed a few weeks after an abortion.

No.	Place.	Age.	S., M., W.	Color.	DIAGNOSIS.	OPERATION.	ADHESIONS.	Drainage.	Result.	Complications.	REMARKS.
41	M. G. H.	22	S.	Black.	Chronic oophoritis; chronic salpingitis. Prolapse both tubes and ovaries. Left tube dragged over to right side.	Removal of both tubes and ovaries.	Universal, sheet-like. Pelvic cavity completely shut off by adhesion.	No.	Cured.	None.	....
42	M. G. H.	21	M.	Black.	Right hydrosalpinx. Right oophoritis. Left salpingo-oophoritis.	Removal of both tubes and ovaries.	Universal, dense and sheet-like, involving omentum.	No.	Cured.	None.	....
43	M. G. H.	20	S.	Black.	Prolapse of both tubes and ovaries. Varicocele of left tube. Extensive ventral hernia.	Right ovary attached to free edge of broad ligament. Removal of left tube and ovary. Closed ventral hernia after dissecting out umbilicus.	None.	No.	Cured.	None.	Left tube and ovary removed on account of cystic condition of ovary. Enlarged vessels and extreme dysmenorrhoea.
44	M. G. H.	30	S.	White.	Multilocular cyst of right ovary.	Right ovariotomy.	Light adhesion to parietal peritoneum. Dense adhesions to omentum and intestines.	No.	Cured.	None.	Cyst extended up to evisiform cartilage.
45	M. G. H.	24	M.	White.	Abscess of right ovary. Double pyosalpinx.	Removal of both tubes and ovaries.	Dense and universal.	No.	Cured.	None.	....
46	M. G. H.	18	S.	Black.	Uterus retroflexed and adherent. Right salpingo-oophoritis.	Removal of right tube and ovary. Ventral fixation.	To broad ligaments and rectum and between right tube and ovary.	No.	Cured.	Stitch abscess.	Stitch abscess appeared forty-eight hours after all stitches were removed. Probably due to infection in ward.
47	M. G. H.	23	M.	White.	Haematoma of right ovary. Right hydrosalpinx. Left pyosalpinx.	Removal of both tubes and ovaries.	Dense and universal.	No.	Cured.	None.	Stumps cauterized. Left tube split and small portion left adherent to broad ligament.
48	M. G. H.	22	S.	Black.	Double pyosalpinx.	Removal of both tubes and ovaries.	Dense and universal, including intestines.	Secondary.	Cured.	Secondary infection fr'm st'mp of left tube.	Continuous irrigation.
49	P. S.	18	S.	White.	Haematoma and cyst of left ovary. Left hydrosalpinx.	Removal of left tube and ovary.	Between left tube and ovary and uterus.	No.	Cured.	None.	Cystic tube and cystic ovary made a mass the size of a baseball.
50	P. S.	42	M.	White.	Double pyosalpinx.	Removal of both tubes and ovaries.	Dense and universal, involving intestines and omentum.	Gauze for 96 hrs.	Cured.	None.	Lower end of abdominal incision closed kindly after removal of gauze.
51	M. G. H.	23	S.	White.	Prolapsed ovaries. Irreducible retroversion.	Ventral fixation.	Light between ovaries and cul-de-sac. Between uterus and cul-de-sac.	No.	Cured.	Stitch abscess.	Streptococcus infection from case in hospital.
52	M. G. H.	44	M.	White.	Complete procidentia.	Removal of both tubes and ovaries. Ventral fixation.	None.	No.	Cured.	None.	Tubes and ovaries removed to induce atrophy of uterus and prevent impregnation. Previous plastic operations done.
53	M. G. H.	..	M.	White.	Ventral hernia.	Closure.	None.	No.	Cured.	None.	....
54	M. G. H.	28	M.	Black.	Double pyosalpinx.	Removal of both tubes and ovaries.	Universal and dense.	No.	Cured.	None.	Stumps cauterized.
55	M. G. H.	28	M.	White.	Irreducible retroflexion. Prolapsed and adherent right tube and ovary.	Adhesion broken up. Ventral fixation.	Between right tube and ovary and base of right broad ligament.	No.	Cured.	None.	....

No adhesions were encountered in ten cases. Light adhesions only were encountered in nine cases. In all the remaining thirty-six cases the adhesions were dense and universal, in most instances involving the broad ligament, cul-de-sac, uterus, omentum and intestines.

Gauze drainage (temporary) was used in five cases, and in two of these a rubber tube was subsequently inserted.

In addition to these a small gauze drain was inserted into the gall bladder (Case No. 31), and prolonged drainage was used in the two cases of pelvic abscess.

As complications, stitch abscess occurred in ten cases operated upon in the Maryland General Hospital, and secondary infection from the stump of a pus-tube in one case.

All the cases operated upon in my private sanatarium healed by first intention.

An unfortunate accident happened in connection with Case No. 9.

The patient—a tall, slender young woman, aged 34, a school teacher—had suffered for several years from marked dysmenorrhœa and a great variety of nervous symptoms. Her uterus was retroverted and loosely adherent to the cul-de-sac. Only a moderate degree of relief was afforded by local treatment, and she entered my private sanatarium for operation.

I did a ventral fixation, and the patient's condition was perfectly satisfactory until the fifth day, when she complained of backache and other symptoms from which she suffered before the operation. Vaginal examination showed that the uterus had returned to its old position of retroversion, and on removing the abdominal dressings I found that the silver suspensory sutures had broken, allowing the uterus to fall back into its old position. In this case I had a bad quality of silver wire to deal with.

After a week's interval I repeated the operation, using heavier wire, and the patient made a perfectly satisfactory recovery.

The relief to all the nervous symptoms, including pain, has been very marked and permanent in this case.

The two cases of pelvic abscess were interesting.

Case No. 39 was a colored woman, aged 24 years. A few weeks after an abortion she entered the Maryland General Hospital on account of a painful swelling parallel to and just above Ponpart's ligament on the left side. The appearance was that of a long blister, the skin having a dark color and a decided crackling sound when palpated. On opening this there was a free escape of very fetid pus and gas.

Exploration with the finger showed that the abscess was discharging through the inguinal canal, which was enlarged to allow free drainage.

The abscess cavity occupied the whole left side of the pelvis, having pushed the uterus to the right of the median line. The cavity was thoroughly irrigated and kept drained, and although convalescence was rather tedious the patient left the hospital in a very satisfactory condition.

Case No. 40 had many points in common with the case just described. A few weeks after an abortion she entered the Maryland General Hospital on account of a painful swelling in the lower abdomen and to the left of the median line. The aspirator showed the presence of pus, so a free opening was made at the most prominent point. The abscess had pushed the intestines above the level of the crest of the ilium and the uterus to the right of the median line.

As the result of thorough irrigation and drainage, this cavity ultimately filled up, leaving a small, shallow, fistulous opening, and the patient left the hospital expecting to return on account of some thickening in the line of the right tube, but changed her mind, and got married, and I have not seen her since.

Both of these abscesses were probably

caused by infection through a leaking or ruptured pus tube.

Case No. 48 (double pyosalpinx) was that of a colored girl, single, 22 years of age. The adhesions were very dense and universal, involving the small intestines and omentum.

As the *left* tube was comparatively small, I removed it with scissors, covering the stump with peritoneum. The right tube being larger and having the appearance of containing pus, I amputated it with the Paquelin cautery and closed the abdominal incision. Subsequent careful examination of the *left* tube revealed a small amount of contained pus, and two days after the operation the abdomen had to be reopened on account of secondary inflammation in the *left* side of the pelvis. The infection undoubtedly came from the infected stump, which I had covered with peritoneum. Had I amputated this tube with the cautery, in all probability her convalescence would have been uneventful. As it was, she was desperately ill, but ultimately recovered, and I think demonstrated the value of good and untiring post-operative care. Continuous irrigation of the pelvic cavity, with sterile water or normal salt solution was of the greatest value.

(By continuous irrigation I mean irrigation kept up for several hours at a time. The patient would sleep quietly while a stream of either sterile water or normal salt solution at 110 degrees Fahrenheit was running into and out of her pelvic cavity.)

Case No. 52 entered the Maryland General Hospital early in last May on account of a complete procidentia.

She was married, 44 years of age, and had had several children. The entire uterus hung outside the valva when patient was on her feet. After a curetting and double trachelorraphy, together with an anterior and posterior colporraphy and a perineorraphy, I did a ventral fixation, at the same time removing the tubes and ovaries to prevent subsequent impregnation and to induce atrophy of the sub-involuted uterus. Up to the present time the result has been very satisfactory.

Case No. 43 was that of a colored girl, single, aged 20 years. She entered the Maryland General Hospital last February on account of a large ventral hernia, the separation of the recti muscles extending from above the umbilicus nearly to the pubes. This condition followed a delivery at full term about six months previous to her entering the hospital.

In repairing this I dissected out the umbilicus, opened the sheath of the muscle on each side, brought the peritoneum together with fine silk, the edges of the deep fascia in the same manner, then passed interrupted silver sutures, including deep fascia and skin and all intermediate tissues. Before tightening these sutures I brought the edges of the superficial fascia together with fine silk, then the silver sutures were tightened and twisted. In this way, when the silver sutures were removed, the edges of the peritoneum, deep and superficial fascia were each held in apposition by a continuous fine silk suture. Union was perfect and the patient's convalescence uneventful.

Case No. 53 was also one of large ventral hernia of ten years' standing. The patient was a married woman, aged 39, whose abdomen I opened ten years ago on account of double pyosalpinx and general pelvic infection. This case required long-continued drainage and was complicated with a fecal fistula which ultimately closed.

On account of the long continuance of this case, great difficulty was experienced in bringing the muscular walls together. For this purpose buried silver wire sutures were used.

She made a good recovery, and when last seen the result was very satisfactory.

(This patient was seen October 10th, and her condition was perfectly satisfactory.)

Case No. 4 was referred to me by Dr. H. J. Berkley.

The patient was Mrs. E. C., 23 years of age, married; had had one child, but no abortions. Her mother was a high-strung, hysterical woman, but otherwise the patient's family and early personal history was negative. She began menstruating at 14 years, the flow recurring regularly, but being accompanied by severe pain.

During the past two years the pain had increased to that extent that the patient was delirious during practically the entire menstrual period. The pelvic condition was one of chronic salpingo-oophoritis, with marked dilatation of the ovarian veins, and I removed the tubes and ovaries, including the dilated veins in the ligature. The result has been complete relief to all the nervous symptoms.

The only case which died was the following :

Case 8.—Mrs. D. H., white, aged 29, married. She had had two children, and one abortion, the first delivery being followed by sepsis. She reported that three months previous to entering the hospital her husband had kicked her in her left side and otherwise maltreated her, on account of which she was confined to her room for two weeks.

For two weeks before coming under observation she had been suffering from general malaise, and one week before had had a pronounced chill, followed by diarrhœa and vomiting.

On admission to the *medical service* of the Maryland General Hospital her temperature was 105-5 degrees Fahrenheit, her lips were dry and cracked and her tongue covered with a brownish pasty coat.

Examination of her heart and lungs was negative. Her abdomen was fleshy,, somewhat distended and tympanitic and sensitive to pressure over its entire area.

Four days later several rose-colored spots appeared on her abdomen, but, as two days later some induration was found in the supra-pubic region and extending into each iliac fossa, I was asked to examine the patient.

Examination of her blood the previous day had excluded malaria, but had shown a marked increase in the number of white blood corpuscles, chiefly the polymorphonuclea leucocytes.

Examination revealed an enlarged boggy uterus, together with a fluctuating tumor occupying the site of either Fallopian tube.

Previous to this she had persisted in her first statement that her last menstrual flow had occurred ten days before entering the hospital, but finally she acknowledged that she had had a criminal abortion produced at that time.

Although she was suffering from extreme sepsis, practically precluding the possibility of recovery under any circumstances, I removed her tubes and ovaries and washed out her pelvic cavity. After the operation her temperature fell gradually from 103 to 99.8 degrees Fahrenheit, but in spite of the best care we could give her she died about twenty hours after the operation.

No general autopsy was allowed, but an examination of the pelvis after death showed numerous small abscesses in the walls of the uterus. Would a complete hysterectomy have increased her chances of recovery ? I think not, under the circumstances.

With the exception of the one case of secondary intra-peritoneal infection reported, the only post-operative complication met with was stitch abscess, which occurred in ten of the cases operated upon in the Maryland General Hospital. I searched for the cause in these cases, and in some found it without difficulty. In others I was unable to find it. In one case of ventral fixation—a private-room patient, the sister of a physician—I had a streptococcus infection of the abdominal wound. It was superficial and easily controlled, simply prolonging slightly the convalescence. The infection was traced directly to one of my assistants at the operation, who had the day before dressed a case of streptococcus callulitis of the neck.

Several cases were caused by the stapholococcus pyogenes albus, the skin coccus. This might have come from the skin of the patient or from any of the immediate surroundings of the field of operation. To lessen the chances of the germ being carried by the needle or suture into the deeper tissues, I introduce the needle at the bottom of the wound and bring it out through the skin on either side.

In one case of ventral fixation—a colored girl—the abdominal wound united perfectly and there was no sign of irritation when the suspensory sutures were removed at the end of two weeks. Forty-eight hours later, however, pus was found in the lower stitch-hole, the infection evidently occurring after the patient's return to the ward, a disarrangement of the dressings having exposed the wound to contact with the patient's night clothes and the sheets.

A bacteriological examination of my hands and those of my first assistant and the abdomen of the patient after being prepared for the operation indicated that they were sterile. Cultures from my beard, however, gave a fine variety of bacteria. For a long time I have worn a sterile skull cap, and I now cover my beard with sterile gauze.

Plate cultures made of the air of the wards, operating-room and operating amphitheatre showed the presence of stapholococcus albus and aureus, but no other pathogenic germs.

TECHNIQUE.

My methods as regards the preparation of the patient, dressings, instruments, operator, assistants, etc., are, I think, practically the same as those generally adopted by the more successful operators.

After a full, warm bath the night before operation, the patient's abdomen and pubes are shaved and thoroughly scrubbed with green soap and warm water, using a sterile brush, then washed off with sterile water and alcohol or ether, thoroughly scrubbed with 1/1000 bichloride solution and covered with a snug, *dry, sterile* abdominal bandage, extending from the breasts down well over the pubes.

The next morning this bandage is removed, the 1/1000 bichloride solution thoroughly applied and the field of operation covered with a dressing wet with the bichloride solution, which is not removed until the patient is on the operating table. The abdomen is then washed off with sterile water.

The dressings, silk sutures, towels, etc., are sterilized for at least half an hour in an Arnold steam sterilizer on three successive days.

The instruments and silver sutures are boiled in a soda solution immediately before the operation.

All water which is used has been made sterile by being boiled thoroughly on three successive days.

The hands and arms of the operator and *all* immediate assistants, including nurses, are scrubbed thoroughly with green soap and hot water, then passed through a saturated solution of permanganate of potash, a solution of oxalic acid and a 1/1000 bichloride solution, and, lastly, sterile water. My first assistant and myself wear sterile skull caps and all wear long sterile gowns.

The operating-room is made as clean as soap and water will make it, and all furniture and the patient are protected by means of sterile sheets and towels.

Some will ask, Why all this extreme care? My answer would be something like this: that I believe that in abdominal work, other things being equal, the life of the patient, as a rule, depends more on absolute cleanliness than on the skill of the operator; that there is nothing in this technique that can in any way lessen the patient's chances, and that every step tends toward a more absolute surgical cleanliness.

One point I think is of the utmost importance, and that is to *prevent shock.* This I try to do by getting my patients into the best possible physical condition, by operating in a warm room (80 degrees Fahrenheit), by having the patient's body, except the field of operation, protected by means of *flannel* and by using heart stimulants just as soon as their need is indicated.

The incision is made as long as is needed for the necessary manipulations. Sterile silk is used for all intra-abdominal ligatures and sutures.

If there is any sign of pus in a tube, it is amputated by means of the cautery. If not, the stump is covered with peritoneum.

The pelvic cavity is flushed out with warm sterile water (115 degrees Fahrenheit) whenever it seems best, and I have never yet had reason to regret having used it.

In all cases the peritoneum has been closed with a very fine silk continuous suture. For some time I used the buried silver suture for muscle and fascia, but several considerations have led me to abandon it and return to my earlier method of interrupted silver sutures passed from within outward, and including the double edge of peritoneum, both layers of fascia, muscle, fat and skin, with intermediate superficial silkworm-gut sutures, if there is any gaping of the skin.

The abdominal wound is covered with a sterile gauze and absorbent cotton dressing, held in place by overlapping broad strips of rubber adhesive straps.

Nausea and vomiting have been much lessened and in many cases prevented by the administration of half an ounce of essence of pepsin just before and as soon as possible after the anæsthesia.

Turpentine enemata for distention from flatus. The bowels moved not later than the end of forty-eight hours, preferably by means of calomel. No morphia to be given if it can be avoided. Lithia water, if the urine is scanty. Nourishment as soon as practicable, letting soft food take the place of liquids as soon as the bowels have been moved, provided the case is progressing favorably.

Persistent vomiting or over-distention of the stomach with gas is often relieved by washing out the stomach.

The post-operative treatment of these cases I believe to be of the utmost importance, and many of the favorable results reported were due in no small degree to the faithful and untiring work of my assistants and nurses.

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BY WILLIAM A. MONTELL, D. D. S.

Professor of Dental Pathology, Dental Department, Baltimore Medical College.

The apparent connection between a peculiar deposit about the necks of the teeth and such pathological conditions as arise from the uric acid diathesis led the writer to investigate their correlation, and after careful observation, extending over a period of more than five years, begs to submit the result of his clinical experience, and the tests of Professor E. L. Whitney of the Baltimore Medical College.

The deposits referred to are of a reddish yellow color, cheesy consistency, covering the buccal surfaces of the crowns of the inferior cuspids, bicuspids and first molars most frequently, but sometimes found upon the anterior teeth, and occasionally, but rarely, upon the superior teeth.

Thirty-two cases showing this deposit evinced the uric acid diathesis by the development of either rheumatism or gout within periods of from three months to two weeks, or by the co-existence of these pathological conditions with the deposits when presented to the writer.

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*Written for the Maryland State Dental Association, October 26th, 1899.

In all the cases the test of blue litmus paper showed an acid reaction and he herewith appends the report of Professor E. L. Whitney:

November 2, 1898.

A few small reddish masses, removed from teeth, gave evolution of a small amount of a colorless gas, probably Co_2.

Gave a slight xanthoproteic reaction, showing the presence of proteid matter.

Gave a faint muriaide reaction, small amount of uric acid or xanthin-bases.

With these facts before him, the writer submits the following deductions: That there exists an evident connection between the deposits named and the uric acid diathesis, and that these deposits may be employed for prognostic purposes as indicating future uric acid conditions and in the dental profession, showing a possible connection between the pathological condition known as pyorrhœa alveolaris and the existence of uric acid, which might be the cause of irritation to the peri-cementum, whose fibrous connective tissue presents a resemblance to the articulations of other parts.

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*INITIAL CASES OF TUBERCULOSIS OF THE RECTUM.**

BY SAMUEL T. EARLE JR., M. D.

Prof. of Physiology and Disease of Rectum, Baltimore Medical College.

I wish to call your attention to one very interesting case of primary tuberculosis of the rectum, and another that is probably so. The first is of intense interest because it was an exact clinical picture of a very interesting tubercular ulceration that was reported to the Clinical Society in 1887 by me, under Dr. Councilman, as seen in three autopsies at Bay View. The likeness of the condition found in one of these autopsies was so striking that it at once suggested to me the character of the case with which I had to deal. In order to bring out the resemblance more forcibly. I thought it proper to report both the autopsies and the clinical cases jointly, notwithstanding the fact that the autopsies have previously been reported in No. —— of the *Maryland Medical Journal* for 1887. The first case emphasizes very strongly the point I made in the report of the autopsies, "that the tuberculous process in mucous membranes," as well as in the lungs, can advance independently of the formation of miliary tubercles. It is interesting to note also the similarity between the large cells found here and in caseous pneumonia. In the rectum in these cases, as well as in the lung, we have to do with an inflammation on which a specific character is impressed by the presence of the bacilli." I am also anxious to direct the attention of the profession again to this very interesting condition, which Dr. Councilman considered most unique, because the previous report of these autopsies seem to have been overlooked, as I have never since seen the condition referred to. The second case presented nothing of special interest with regard to the character of the tubercular process found in the rectum, but merely showed its probable primary origin in this locality, and also that these localized tubercular processes can be relieved and the system spared general infection.

Out of 260 autopsies made at Bay View in 1884 and 1885, tubercular ulceration of the rectum was found 26 times. Out of this number of autopsies, pulmonary tuberculosis was found 92 times; all tuberculosis of the lungs being included, and not such cases only where death resulted in consequence of it. From this it seems that the rectum is affected in about 25 per cent., and if only those cases where death resulted from the tuberculosis were reckoned, the percentage would be much higher. In 19 cases tuberculosis of the colon accompanied that in the rectum, and twice was found without any rectal trouble. In 33 cases there was ulceration in the ileum. In a certain number of cases another character of ulceration was found, which differed in all respects from that just described, and the ulcers had nothing about them which we are accustomed to regard as characteristic of the tuberculous ulcer. These were found in but three cases, all of which happened to be negroes. The ulcers were more frequent than in the ordinary form, and were, as a rule, shallower. What was particularly striking was the apparent acuteness of the process; the mucous membrane between the points of ulceration was swollen and injected; in some cases covered with a slight fibrinous exudation. The ulcers appeared to result from the simple breaking down of this swollen and injected mucous membrane. The three cases were:

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*Read before Clinical Society of Maryland.

Case I. J. B., colored, aged 35. In apices of both lungs were large ragged cavities; elsewhere in lungs were areas of caseous consolidation and miliary tubercles. Miliary tuberculosis of pleura, liver, spleen and peritoneum. The ileum contained numerous ulcers. The colon was ulcerated in numerous places. The rectum contained in its upper portion tolerably deep ulceration, some of which were as large as the thumb-nail, others very minute. Most of them were shallow and had more of the characteristics of erosions. They were so frequent that in some places only small islands of intact mucous membrane remained. In the neighborhood of the anus the ulcers were not so frequent, as they were higher up.

Case II. A. B., colored, aged 19. Both lungs contained large cavities and caseous nodules. Liver and spleen miliary tubercles. Kidney, liver and spleen amyloid. The mucous membrane of ileum swollen and injected, and contained numerous small ulcers and white opaque tubercles which had not yet broken down. *The mucous membrane of the large intestine throughout its whole extent, but especially in the rectum, swollen and injected.* Here were small numerous ragged superficial ulcerations.

Case III. J. B., colored, aged 35. In left lung in apex, large cavities; elsewhere caseous consolidation and miliary tubercles. In right lung consolidation with tubercles. In larynx tuberculous ulceration. In ileum mucous membrane injected and contained a few ulcers. In the lower portion of the large intestine *in the rectum there was swelling of mucous membrane, intense hyperaemia and numerous small ulcers.*

The microscopical appearance of these ulcers offered many points of interest. In most cases anatomical tubercles were found in or about the ulcers. There was an intense small-celled infiltration of the mucous and sub-mucous coat. Many of the glands of Lieberkuhn were filled with cells. Where the small cell infiltration was greatest, the tissue did not stain brilliantly, and appeared as if in the condition of beginning caseation. Some of the cells were large, pale, and epitheloid in character, similar to those filling the alveoli of the lung in caseous pneumonia. In a few sections well-defined tubercles, with giant cells, were found, and sometimes aggregations of small cells with a caseous centre. On staining the sections for tubercle bacilli enormous masses of these were found in the edges of the ulcers. In some places they were found in the infiltrated mucous membrane where as yet there was no breaking down and where the small-cell infiltration was the only pathological condition. Where they were found in greatest abundance, caseation and destruction of tissue accompanied them.

This condition of the rectum seems to be an important point, for it shows that the tuberculous process in mucous membranes, as well as in the lungs, can advance independently of the formation of miliary tubercles. It is interesting to note also the similarity between the large cells found here and in caseous pneumonia. In the rectum in these cases, just as in the lung, we have to do with an inflammation on which a specific character is impressed by the presence of the bacilli. In the ordinary tubercular ulceration of the rectum the bacilli can always be found by careful search in the abundant miliary tubercles also, in many cases around these.

CLINICAL CASES.

H. G., aged 16, American. Urinary analysis normal; came into the Maryland General Hospital, May 26, 1899, complaining of burning in the rectum, with an inflamed tag at the anal orifice. Family history good, no tuberculosis having been present. Physical examination of the cyst, by Dr. O'Donovan, showed nothing abnormal; no cough nor fever. Upon examination into the rectum with a speculum, found the mucous membrane very red, inflamed and discharging pus. I suspected gonorrhœal proctitis, at the same time recognized the similarity of appearance to the recti of the three cases of acute tubercular proctitis reported above. The redness of the mucous membrane was very marked; it was granular and looked like a piece of red flannel. I ordered the pus examined for gonococci. This was negative. Then for tubercle bacilli, which were found in great abundance; subsequent examinations also confirmed this diagnosis. Ordered injections of a saturated solution of boracic acid three times daily; subsequently used injections of a solution of sodium chloride. He left the hospital June 18, 1899, entirely relieved, with no tubercle bacilli to be found in the discharges from the rectum. He was ordered to report again at the hospital if he had any return of the local trouble, or if he had any general sickness. He had not done so up to October, 1899.

W. W. S., aged 28, born in Chestertown, Md., occupation paper-hanger. Came into the Maryland General Hospital July 11, 1899. Discharged from hospital July 14, 1899. Family history bad, tuberculosis occurring a number of times in his family. Had pneumonia twelve times between the ages of one and six years. Physical examination showed some dullness at apex of right lung; never had any cough; was asphyxiated by illuminating gas about two years ago; no elevation of temperature while in the hospital. Came to me in June, 1899, complaining of pruritis ani; upon examination of skin around the anus found a furaceous condition of the skin, with cracks at the anal border of the skin, but found no tags nor any other cause for the itching. After several subsequent examinations I found a very minute opening just in the skin of the anal margin on the anterior quadrant, from which a small amount of pus exuded, which was found to contain tubercle bacilli. I had him anæsthetized with ether and explored this fistula, which I found to be very insignificant in depth—only about one inch directly under the skin. I opened it up, and it healed readily, with no indication of any reappearance up to this time—September 11, 1899—nor have there been any other tubercular symptoms to appear since, and the pruritus ani has nearly disappeared under treatment with carbolic acid, salicylic acid and lanolin.

The only explanation I can offer for the rectal condition and the great number of bacilli found in the discharge in the first case was the probable breaking down of a tuberculous post-rectal gland, the contents of which were poured directly into the rectum.

THE VALUE OF KERNIG'S SIGN AS AN AID IN THE EARLY DIAGNOSIS OF CEREBRO-SPINAL MENINGITIS.

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The name cerebro-spinal meningitis denotes an inflammatory affection of the arachnoid and pia mater of both the brain and the spinal cord.

This infectious disease may be sporadic as well as epidemic.

The evidence of its having existed prior to the present century is not clearly apparent in medical literature.

It first prevailed in this country between the years 1807-1816. Since then it has appeared at various times. The prevalence of the disease as an epidemic implies the existence of a special cause.

According to Hunt, it has its favorite habitat in prisons and barracks, and among those who by force of circumstances are compelled to occupy overcrowded apartments with defective ventilation, and whose nourishment, both as to quantity and quality of food, cause them to have in consequence a lowered " vital resistance."

But it must be remembered that it is not always confined to the habitations of the poor. No doubt all these have their influence, but it has been definitely proved that the disease is dependent upon the activity of the diplococcus of Frankel, or meningococcus, whose presence in the lymph and blood stream excite inflammation in the pia-arachnoid of the brain and spinal cord, causing first a serous, then a purulent exudate, in the interstices of the pia, especially of the convexity of the cerebral hemispheres. The difficulty in making the diagnosis of cerebro-spinal meningitis, especially of the sporadic cases, is well recognized by the profession. Abortive cases sometimes occur, and the disease is at times so mild that its usual diagnostic features are not marked.

To be excluded are typhoid fever, pneumonia, pyemia, etc.

In typhoid fever there is the gradual onset and absence of the leukocytosis; in cerebro-spinal meningitis the onset may be gradual, with high fever; but we have leukocytosis.

Then there is pneumonia, but in this the sputum, chest pain and cough are diagnostic; cough has been noted in cerebro-spinal meningitis, as well as the severe chest pains, which are no doubt due to neuritis of the muscular branches of the intercostal nerves.

Pyemia, with its repeatedly recurring chills and temperature, has been mistaken for meningitis.

Thus I might continue to mention other diseases, but as that is not my intention I will proceed to the main object of this paper, namely, to show by observations made on three cases the value of Kernig's sign as an aid in the early diagnosis of cerebro-spinal meningitis.

Kernig's sign is elicited in the following manner, quoting Netter:

The patient is placed in the dorsal decubitus, care being taken that the legs are relaxed and fully extended at the knee.

When the child is raised to the sitting posture, it is found that the knees are more or less flexed and, despite all efforts, cannot be completely extended on account of contracture of the posterior muscles of the thighs.

In some cases the angle made by the thigh and the leg is a right angle, and in no case has it been found to be greater than 135 or 140 degrees.

Complete extension becomes possible when the patient is put upon the back again. According to Netter's observation in forty-six cases, this sign was wanting in but five.

Netter believes that the presence of the sign confirms the diagnosis of all varieties of meningitis, when the symptoms are obscure, and suggests a latent meningitis when it is the only symptom present.

His observations have been confirmed by Henoch, Bull, Blümm and Friis.

Case I. Female, aged 12. Patient was first seen March 15, 1899. Found her suffering with intense girdle-like pain around the middle of the thorax. There was a noticeable, yet irregular spasmodic, twitching of the muscles of the right side of the face, and also of the muscles of the right forearm and hand. The onset of the chest pain and of the spasmodic twitching was very sudden. The child had been playing during the morning and appeared perfectly well. The temperature at the first visit was 99.2 degrees, pulse 87, and inclined to be irregular.

March 16, 1899.—A chill occurred at 1 A. M. and child had several vomiting spells during the night; also complained of headache. Temperature 101 degrees, pulse 95.

March 16, 1899, 8 P. M.—Severe headache, restlessness and noticeable Cheyne-Stokes respiration, with herpes on upper lip. Temperature 102.2 degrees, pulse 95 and irregular.

March 17, 1899, 10 A. M.—Headache still severe and respiration same as on the 16th. Patient restless and delirious at times, constantly muttering, but would give rational answers to questions when aroused. Temperature 103 degrees, pulse 96 and still irregular. During the examination I tried to elicit Kernig's sign, and I found that the flexion at the knee could not be reduced until the child was placed upon her back. I at once made my diagnosis of cerebro-spinal meningitis, and had it verified by the symptoms that followed.

March 18, 1899, 10 A. M.—Nystagmus was marked and neck muscles were beginning to show rigidity. Cephalalgia was complained of when patient would arouse from coma. The course of the disease was unusually severe, with decided opisthotonos at times. Recovery was slow, optic neuritis being a sequel, leaving patient totally blind.

Case II. Male, aged 8. First visit February 9, 1899. Patient was taken suddenly with severe vomiting about an hour after supper. Tongue was furred and flabby. Temperature 100 degrees, pulse 85.

February 10, 1899, 11 A. M.—Nausea had ceased, but bowels were loose. Patient complained of cephalalgia and hyperæsthesia of the surface of the body was noticeable, he exhibiting decided nervous symptoms while my hand held his wrist in taking pulse count. Had been restless during the night. Temperature 102 degrees in axilla, pulse 88.

February 10, 1899, 9 P. M.—Nervous symptoms more pronounced and still complained of cephalalgia. Had a very severe attack of vomiting late in the afternoon, which brought on a slight convulsion (*so described by his mother.*) Temperature 103 degrees, pulse 88.

February 11, 1899, 10.30 A. M.—Restless during the night, tossing from side to side of the bed and delirious at times; had no control of bowels and would emit sharp cries at intervals. Temperature 103 degrees, pulse 90.

February 11, 1899, 8.30 P. M.—Condition same as in the morning. Kernig's sign present, flexion very rigid.

The course of the case was uneventful; no sequelæ being noticed until patient had left bed and attempted to walk, when decided unsteadiness in his gait was apparent, especially when in bare feet, the legs being spread apart and the feet lifted high in stepping forward, the gait resembling that of a person suffering with locomotor ataxia. This symptom had almost entirely passed away when patient was last seen—June 15, 1899.

Case III. Male, aged 14. First visit February 21, 1899, 10 A. M.—Patient first complained of pain along the spine, which extended down the thighs. Thinks he had a chill about 9 o'clock the evening previous. Tongue coated and dry. Temperature 103.3 degrees, pulse 82.

February 21, 1899, 9 P. M.—Complained of vertigo, with pain extending along the spine from the cervical to the lumbar region. Lancinating occipital pain. Bowels loose. Temperature 101.2 degrees, pulse 86.

February 22, 1899, 10 A. M.—Slept well during the night, but noticed a stiffness of the neck muscles soon after awakening. Lancinating pains still severe. Eyes watery and conjunctivæ injected. Temperature 101 degrees, pulse 90. Suspected meningitis.

February 22, 1899, 8 P. M.—Condition unchanged ; Kernig's sign positive. Patient recovered ; no sequelæ.

The foregoing cases have shown Kernig's sign to be a valuable aid in making a correct diagnosis. And as we all know, there are few epidemic diseases so destructive to life as cerebro-spinal meningitis, any aid which can put us in a position to begin treatment along the right line at as early a period as possible is of inestimable value, and we can but hope that with this early diagnostic sign future statistics will show a decided reduction in the present high average mortality.

Abstract Department

IN CHARGE OF

DR. THOMAS W. KEOWN.

How Far Has Specialism Benefited the Ordinary Practice of Medicine?—1. It has been seen that the work of individuals in special lines has advanced the science and art of medicine. It is claimed that the practice of medicine has thereby been advanced as a calling, and during the past 50 years has become greatly elevated among the learned professions. Every practitioner shares this honor, and if he be worthy he is more highly esteemed for the higher position which medicine and surgery have taken, through the efforts of individual workers, or specialists.

2. Special study has classified disease more clearly and simplified nomenclature. No one who has at all studied the older medical literature can doubt for a moment the value of the work of separate investigators in classifying disease; what was once a chaos is now a relatively clear field. In the single department of dermatology the advances begun by Hebra have been carried on by successive specialists, so that today the subject is far more readily understood by the general practitioner than it was 50 years ago.

3. Obscure conditions of disease have been discovered and elucidated. The refinements of diagnosis sometimes seem exaggerated, but who will question the great value which special study has accomplished in clearing up many obscure points in medicine. In every department symptoms have been grouped and classified, and the nature of the disease elucidated in a manner quite impossible without such special work; and much of this can be appropriated by the general practitioner, *if he will.*

4. Not only have specialists discovered and developed new lines of thought and practice, but they have aided the ordinary practice of medicine by the clear descriptions of disease which they have given in every branch of medicine; and not only verbal descriptions, but pictorial illustrations have been furnished, with a prodigality which is astonishing. All of these are accessible to the general practitioner, who can appropriate *as much as he will.*

5. The successful treatment of diseased conditions must be the final test, to the practical man, of the real value of the advances in science, and here the work of specialism stands foremost. Who can deny the advances which have been made in therapeutics, medical and surgical, by workers in special lines? The constant aim has seemed to be to find some improvements in the means or measures used to combat disease. Thus, treatment has in many cases been greatly simplified and crystallized, and multitudes of new measures and methods have been introduced, which may also be employed by the general practitioner, *if he will.*

6. The crowning glory of specialism in medicine has been the free manner in which all discoveries and advances have been given to the general medical profession. The layman can hardly understand how it is that those working in special fields should always be so ready to communicate their choicest secrets of success in therapeutics to their confreres in the profession; and yet so it is. With each advance they eagerly seek to spread the knowledge, in the societies, in current periodical literature, in textbooks and monographs, and they all seem to vie with each other in spreading broadcast the results of their work. Also by means of lectures and clinics the specialists have made every effort to enlighten the general practitioner in regard to each branch.

Whose fault is it if the ordinary practice of medicine is not benefited and improved by all this earnest and faithful work? Who is to blame if the rank and file of the profession do not absorb and assimilate the information and knowledge so freely proffered to all?

Much of the difficulty undoubtedly lies in the wideness of the field and the intricacy of some of the branches. But, on the other hand, there is much in every branch which is quite understandable, and it is believed that with more diligence the general profession could grasp and utilize far more than is now done.

7. The specialist has also advanced the ordinary practice of medicine by the aid which he has constantly given in relieving conditions which the general practitioner could never have accomplished alone, and has thus relieved him of great embarrassment. Illustrations of this will arise to every one; consider the relief to the family physician by the successful assistance of intubation, or of obstetrical aid in a critical case, or by surgical interference in a threatening fatal malady, or of neurological and surgical aid in a brain-tumor, and so on. The specialist should be and is the physician's ally, his friend and counsellor, his timely help over hard places, and, by virtue of his study and experience, his instructor in his particular branch.

8. Incidentally, specialism has benefited the ordinary practice of medicine by a certain education it has given the public in regard to the pecuniary value of professional services. Physicians of old have been proverbially lax in regard to money matters, and patients of old have been proverbially lax in discharging their indebted-

ness to physicians. Of late years the specialist has insisted on his fee, which has also been larger than that demanded for medical service years ago, and it is believed that the public understand their pecuniary responsibilities and respond in the main far better than they did 50 years ago. Many general practitioners have taken advantage of this and collect their charges more punctually and fully than was the case some years ago. If all the members of the general medical profession do not take advantage of this example of the specialists and this general change in public opinion and practice, it is their own fault.—*L. Duncan Buckley, A. M., M. D., in Phila. Med. Journal.*

✣

Pelvic Diseases and Insanity. — We have not found that there is any particular form of insanity associated with pelvic disease, nor that there is any relation between the intensity of the mental disturbance and the severity of the pelvic disease, and the same holds true in the relation between menstrual disorder and insanity. In those cases where there was a distinct exacerbation of the mental disturbance in connection with the menstrual molimen, the patient was either free from menstrual disturbance or it was very slight. But in all of the cases where there was well-defined menstrual disorder, there was more or less severe physical disturbance. There were 18 cases of infantile uterus among the young unmarried women, and in most of these cases the ovaries were small and hard. These women were, however, primary degenerates and more or less completely demented before coming to the Hospital. Among the epileptics there is usually an increase of mental disturbance, and in the number of convulsions during the menstrual period, but those under our care are free from pelvic disease or menstrual disorder. In studying the histories of the 231 women we found that in 10 cases the insanity was attributed to the influence of the change of life, in 19 cases to menstrual disorder, and in 15 to pelvic disease. In all of these there was the same want of relation between the severity of the pelvic disease and the intensity of the mental disturbance. In fact, most of the cases, after careful examination and study in the hospital, failed to disclose any evidence of severe pelvic disease or any connection between the insanity and the disease of the generative organs. At the same time it was quite evident in other cases that if the existing pelvic disease had been recognized and carefully treated in time, the mental breakdown of the woman might have been averted. During the past two years there have been committed to the hospital five women on whom laparotomy has been performed, and some one or all of the generative organs removed for the purpose of curing the existing insanity. In one case the patient was sent to the Hospital soon after the operation, she having torn open the abdominal wound during an outbreak of violence. Her recovery from this accident was uneventful and she got well enough mentally to go home. The other four are still with us, and always will be, and during the past ten years there have been 12 other women committed to the hospital on whom laparotomy had been performed for the cure of insanity. They, too, had not been benefited mentally, and have since died or are still with us.

The consideration of the data furnished by this study naturally falls into three subdivisions, as follows: What is the relation between menstrual disorder or pelvic disease and insanity among women? Do or do not these disease conditions in the generative organs of women of themselves give rise to insanity? What class of cases will be benefited by treatment, operative or otherwise, and how may this class of cases be recognized? Comparing my experience in private practice and my observation of the work of others with my study of the incidents of the menstrual molimen in insane women, I do not believe that disturbance or disorder during the menstrual period is as common among the insane as among the sane, and what disturbance there is gives rise to but little apparent evidence of its presence, for as a rule we have to search for it. Now, when we take further into consideration the fact that the physician is consulted only by those who are ill, we can find an explanation of the comparative discrepancy between the results obtained by the gynecologist in his study of the cases of menstrual disorder or pelvic disease associated with nervous disturbance, which come within his purview, and those apparent in a large number of women aggregated in one place on account of their mental disturbance. There is the natural tendency in both cases to interpret the evidence found in the terms of the conclusion sought for. However, I am impressed with the tendency of the gynecologist to overlook the large number of women suffering from nervous and mental disease who do not consult him and who are not conscious of the presence of menstrual disorder or pelvic disease. While a considerable number of the women admitted to the hospital during the time included in this study were, as shown in the figures, suffering from pelvic disease or menstrual disorder, these conditions and their influence on the mental condition of the women seldom formed a part of the clinical history of the case before coming to the hospital. Even in those cases where the patient had been under treatment for menstrual disorder or pelvic disease, the fact of her coming to the hospital afterward would indicate either that there was no relation between the disease of the generative organs and the insanity or that the treatment had been of no avail in curing the mental disturbance. But when we consider the intimate association between the nervous system and the functional activity of the generative organs in women, and the further fact, referred to in the figures given, of the association of arrested development in the generative organs of women with instability or defect in the general nervous system, it is easy to understand why these disease conditions should apparently stand in causative relation to each other. This is frequently so marked among primary degenerates that the uterus and appendages present all the characteristics of senility, while menstruation is either scanty, delayed or sometimes absent for long periods. Again, in this class of cases, it is the rule for the advent of puberty to be delayed, the average being 17 years, and we have the record of one case where menstruation did not begin before 22 years of age, and yet no one at all familiar with insanity would think of attributing the mental disturbance accompanying the progressive degenerative changes in the nervous system in these cases to menstrual disorder. However, it is not uncommon to see young women, primary degenerates, whose uteri have been curetted or their ovaries removed with the object of curing a condition dependent on progressive degeneration in the nervous system; because the physician, while recognizing the intimate relation between the nervous system and the generative organs, failed to see that the pelvic symptoms were dependent on the degenerative process in the nervous system and that both were due to defective development. I can not do better than to here quote from a paper on a closely related subject, recently read by me before the American Medico-Psychological Association: "In this end of the century when women are warring against their natural position in relation to the reproduction of the species; while the competition of social and industrial life and the growing desire to avoid any responsibility which interferes with material advancement or social opportunity is so strong; it is not surprising that we should find so many disturbances of the nervous system associated with the bearing of children; or that this originally physiological function and process should be credited with the untoward results which so often accompany and follow it. * * * To my mind the various disturbances associated with maternity simply prove what we know as a physiologic fact; that is, the intimate association between the function of reproduction and the activities of the rest of the organism; while the greater instability of the nervous system in women renders conspicuous and prominent those changes which the concentration of her vital forces in the process of reproduction makes possible and renders apparent; because under modern social conditions, the nervous system is not equal to the task of controlling its own manifestations and meeting the extra demands upon it."—*H. A. Tomlinson, M. D., in Journal A. M. A.*

✣

Dispensary Abuse.—A great deal of the agitation about dispensary abuse, that has been so rife in New York, has at its basis, in our judgment, this idea, that the doctor is a business man, who is first of all, to see to it that he gets his pay before he sets a fracture or goes to a case of fever. Without underrating the scriptural proverb, that "the laborer is worthy of his hire," there is such a thing as putting the hire before any other consideration—of being more anxious to be paid than to be useful. When doctors everywhere announce that their services are upon a money basis only, then the character of a scientific and benevolent calling is lost to the medical profession. The practice of medicine will no longer be anything but a trade, a respectable and honorable trade if you please, but only on a par with that of the plumber and the carpenter.—*Post-Graduate.*

Climate and Sea Voyages in the Treatment of Tuberculosis.—As to the indications for the use of different climates in different cases of tuberculosis the author offers the following:

1. In cases with limited disease at one or both apices, without or with an only slight amount of fever, nearly all climates can be made use of, but especially high altitudes and sea voyages if the constitution is strong.
2. Cases with limited local disease and high fever must be at first treated in their houses or in the neighborhood of their homes.
3. Cases with extensive disease of one lung or of both lungs, without fever or with only slight fever, are more difficult to advise. In the majority of these cases treatment at an only moderate elevation, or at warm seaside localities, deserves the preference.
4. In advanced disease with fever, long journeys should be avoided, and, if possible, neighboring sheltered health resorts, together with careful supervision, should be recommended.
5. In progressive tuberculosis with scattered foci in both lungs and much fever, sheltered localities near the patient's home, or the home itself, are probably the best places.
6. In cases of chronic, slowly progressive phthisis, I have seen, on the whole, better results from warm winter resorts, and sometimes from sea voyages.
7. Quiescent cases with extensive damage or cicatrization are generally better off at only slight elevation, such as Meran, or Arco, or Montreux, or Badenweiler, or on the Riviera, or in Egypt.
8. Cases with albuminuria without fever should avoid high altitudes, and select dry places like Egypt or the Riviera.
9. The complication of moderate diabetes does not exclude the use of high altitudes, but the latter are injurious in cases with advanced diabetes and emaciation. Similarly, high altitudes should be avoided in cases where the tuberculosis is secondary and the diabetes the primary affection.
10. Chronic cases with much catarrh require places with as little wind as possible, such as Pau and Arcachon, and, in England, Bournemouth; but in the case of young persons places of high elevation with little wind need not be excluded, and are often even to be preferred.
11. High altitudes are contraindicated in chronic cases with extensive emphysema; these cases require warm winter resorts, such as Madeira, the Canary Islands, Pau, or places with pine woods, like Arcachon and Bournemouth.
12. When asthma is a complication, in persons whose idiosyncrasies in regard to localities are unknown, no certainty in the choice of climates is possible; but in the majority of relatively young persons high elevations should be preferred, whilst in older persons moderately warm localities at only slight elevations should be selected, such as Grasse (near Cannes), or Montreux, or Locarno, or Meran, or places amidst pine woods (like Arcachon and Bournemouth).
13. In all climates for the treatment of tuberculosis, selection of the dwelling house is of great importance; it should get much sun, should be sheltered from winds and free from dust, and

should be built on dry ground; it should be removed from stagnant water and swamps, and from the impure air of factories, and similar drawbacks.

14. For the prevention of scrofula and tuberculosis, all healthy climates can be used, as long as a good diet and plenty of time in the open air can be obtained; but high altitudes and marine climates have advantages,—the former rather against pulmonary tuberculosis, the latter (including sea voyages) more against scrofula.

15. The cure of tuberculosis during the early stages is possible in all healthy climates; some climates, however, have advantages for various cases over the other climates; for instance, notably those of high altitude. But climate by itself without careful medical supervision is generally insufficient. The patient's blind reliance on the climate often leads to errors, to aggravation of the disease, and to death. For the majority of patients, therefore, treatment in sanatoria should be preferred, but for the treatment of the poor it is a necessity. The erection of numerous sanatoria for the people is, therefore, a national requirement for the cure, the prevention, and extermination of tuberculosis. — *Sir Hermann Weber* (*British Medical Journal*).

BALTIMORE MEDICAL COLLEGE ALUMNI JOURNAL.

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WE are in the midst of a successful year. Our classes are larger than they have been for some years. The four years' course may now be considered to be well established. Everything is working smoothly; the classes are earnest and enthusiastic and seem to be imbued with the spirit of determined effort. Each succeeding year brings us a class of men better prepared for successful endeavor than the last. The four years' course seems to be weeding out the poorly prepared youths from medical courses. The high plane of the present medical curriculum and the high standard required for graduation makes it impossible for the youth whose preliminary education is scanty to complete the course. Much of the old didactic method has disappeared, and the laboratory and the recitation methods employed by the best schools test the student's capacity for learning more severely. The next step toward still more successful teaching is further sub-division of classes, where the teacher comes directly in contact with the individual student, or with very small classes. Teaching is never a complete success until a close personal relation is established between teacher and student. This cannot occur when one teacher lectures to classes containing a hundred men.

* * *

WE are in receipt of the *Bulletin of the Laboratory of Mount Hope Retreat*. It is attractive in form and contains much matter of value and interest. It is creditable to the management of the institution and to the physicians in charge to be able to issue such a publication. It shows an enlightened, progressive spirit. Asylums for the insane are shown to be no longer simply places for the confinement and restraint of patients who cannot be controlled at home, but institutions where every scientific acquirement is brought to play to discover causes of disease and rational methods of treatment. The articles contained in the *Bulletin* show the most careful and conscientious preparation and much original work. If future numbers retain the high standard of the present one, they will be looked for with great interest and pleasure.

* * *

ATHLETICS have come to stay at the Baltimore Medical College. At present our students are too much taken up with the successes of our football team to think of any other branch of sport. The team has been a decided success. After years of discouragement and defeat, *we have arrived.* We have succeeded in putting a strong team in the field, and their playing has created much enthusiasm. It is conceded, not only by our own men, but by all the football men in the city, to be the strongest team south of Philadelphia. Our own men in their enthusiasm think that Pennsylvania would stand a poor show of defeating us. There is no doubt that we have created more football interest than has ever been shown in this city, and the wonder is that the men of the team have not had their heads turned. We are very proud of our team, and in our next issue we will introduce them to our alumni. After the football season is over, it is expected that other teams will be organized, and if the present spirit of the school is an indication, these are expected to achieve the brilliant success of our football team.

* * *

IT has been the ambition and hope of many of our alumni for years to be able to establish a library and reading-room at the College for themselves and the undergraduate students. A library in or adjoining the College buildings would be of immense advantage, both to the students and alumni. There is no reason why it could not be established. In the hands of a few determined men it could be brought to pass. Not only would it be of advantage to the resident students and alumni, but it would be a rallying place for visiting alumni when in town. Of course, a well-equipped library and reading-room could not be established all at once. It would take some years, but it could be done. We would suggest that plans looking to this end be discussed at the next meeting of the Alumni Association. With the graduation of the present class we shall have about a hundred alumni in the city. This number of men working in concert could establish in five years a library which would be a credit and a very useful adjunct to our College. Let us get together and see that it is done.

* * *

COLLEGE NOTES.

BY DUNCAN MacCALMAN, M. D. ('95.)

Our alumni will be pleased to know that our classes are larger this year than they have been for many years past, and that this success is in great part due to them is a pleasure to acknowledge. The first and second-year classes tax our facilities; the third and fourth are as large as we can well handle with comfort and thoroughness, so it is amidst such prosperity that this issue of the Journal makes its appearance.

* * *

That good work is being done takes but a casual glance to notice, a quiet, earnest, business-like air pervading laboratories, and lecture halls, giving abundant promise of men who will some day excel in their work.

The athletic question has been a burning one in many schools recently. Happily, with us nothing but good can be said of such work as has been taken up by our students; it has provided an outlet for that spirit of restlessness which is bound to occur in all colleges, caused a healthier and more manly bearing to become apparent, as well as drawing the members of the various classes to a closer union. The football team has surpassed the most sanguine expectations of those most interested in its success, it having lost but two games during the season's play, and these with teams like Dickinson College and the Duquesne Athletic Club, which no member for a moment expected to score against; while its victories extend over such excellent teams as Gallaudet College, Georgetown University, the University of Maryland, the University of Virginia and Columbia Athletic Club, strong as they all are, being unable even to score. Our next issue will probably give pictures and names of the members of the team.

* * *

It is interesting to note the influences constantly at work among students. But a few years ago such a thing as a secret society was unknown amongst us; now two Greek-letter fraternities are in good working order, each intent upon benefiting its members socially and intellectually. The Phi Chi, being the older, has a larger membership, and is fulfilling its aims by promoting good fellowship amongst its members, supplementing their college work by quizzes and lectures under quiz masters. Its record is excellent, and many of our readers today appreciate its helpful influence over their past years. The Delta Mu is the younger, just started this fall, its name being the Greek letters for M and I respectively. Though the chapter has been in existence but a few weeks, its roll contains a large number of seniors, who aim to make a practical working organization rather than a social centre of it, by quizzes, the elimination of all forms of initiation as usually understood, a simple verbal subscription to the constitution being accepted. The Delta Mu gives promise of becoming a profitable and popular society. Both fraternities are under the guidance of bright students, whose names will appear in a later issue.

⁂

Dr. Seth L. Ullrich has been appointed assistant in clinical surgery and demonstrator of operative surgery. The Doctor has already shown his ability to do excellent work along both lines, and we take pleasure in extending to him our welcome.

⁂

Dr. Charles I. Hill, the bearer of a name our alumni will no doubt remember, has been doing good original work recently, and will read a paper before the Baltimore County Medical Association on "The Bacteria Found in a Case of Chronic Fetid Catarrh." His examinations revealed the bacillus diphtheria, the bacillus fetidis ozœnæ and the bacillus mucosa ozœnæ as being present. He also finds that treatment with the diphtheritic antitoxin results in a rapid recovery in most cases.

⁂

While talking of original work, it is well worth mentioning that Dr. Whitney has been able by diet and treatment to eliminate every trace of sugar from the urine of two diabetic patients within the last three weeks, where sugar in enormous quantities was found on the first examination. He will probably tell how in a future number of the Journal.

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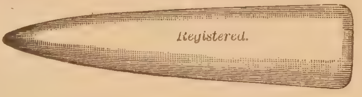

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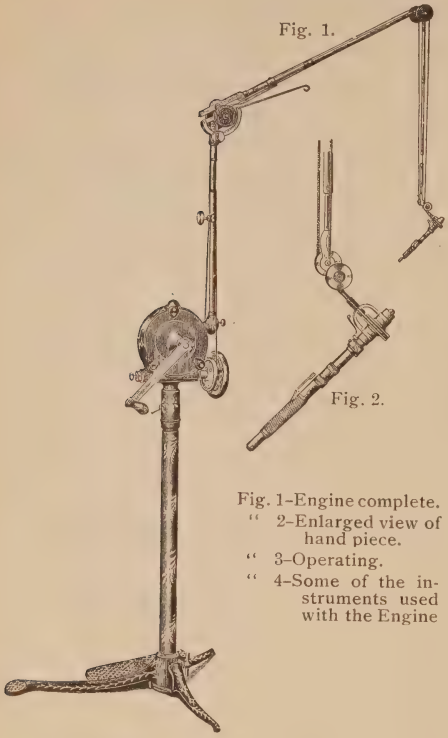
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Fig. 2.

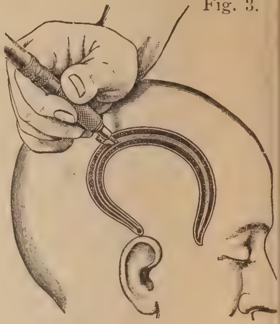
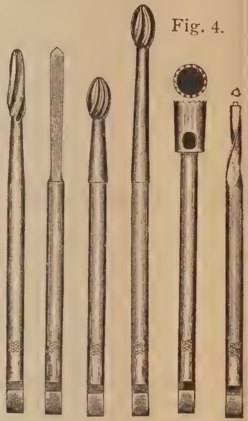


Fig. 3.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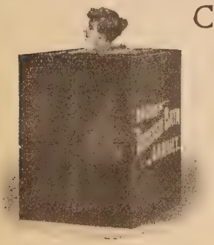

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*SOME OBSERVATIONS ON FORESKINS, OR A PLEA FOR CIRCUMCISION.**

BY JOHN D. BLAKE, M. D.,

Professor of Clinical and Operative Surgery,
Baltimore Medical College.

The removal of the foreskin, or circumcision, is an operation that seems to have been well understood and practiced by ancient as well as modern nations, while the prevalent idea among the Christians and Hebrews of all nations seems to be to the effect that it was Abraham who first performed it, as we read in the Scriptures the account of his being ordered by God to circumcise himself and his household. Although many contend that it was known and practiced previous to the time of the patriarchs, history seems to point unmistakably to the fact that the Egyptians were in the habit of circumcising long before the birth of Abraham.

Rawlinson calls attention to the fact that circumcision was common in Egypt as early as the 4th dynasty of kings, which was before 1996 B. C. Wilkinson, in his "Manners and Customs of the Ancient Egyptians," endorses the views of Rawlinson.

Another argument advanced against its Abrahamic origin is the fact of its being so extensively practiced, it having been traced in almost unbroken line from China to the Cape of Good Hope. It is also said that the followers of Columbus were much surprised to find it practiced in the West Indies and in Mexico.

It has also been recently discovered to have been practiced by several tribes in South America, as well as in the South Sea Islands. It is therefore held by many scholars of the present day, and I think very reasonably so, too, that it is impossible to conclude that so universal a custom was either originated by or confined to a single Semitic nation, and especially so when we remember that this very nation has always been, and is now, so averse to legitimate intercourse with other nations. Neither can we escape the natural conclusion that the very fact of Abraham being ordered to circumcise himself, presupposes a knowledge on his part of the operation itself.

Jahn, in his Biblische Archaeologie, Vienna, 1797, supposes that Abraham obtained his knowledge of circumcision from the Egyptians, although it would appear that the Canaanites, with whom he resided for a long time, were not circumcised, for we read that the Prince of Shechem and his people underwent the operation in order that he (the Prince) might obtain the hand of Dinah, the daughter of Jacob; it would seem, however, that there is little doubt that it was through Abraham and his descendants that the rite received a religious significance, as it was ordained by him to be a token or seal of the everlasting covenant between God and his people.

---

*Read before the Baltimore Medical and Surgical Association.

I have thus briefly referred to the history of this operation to show not only its universal character and application, but to call attention to the fact that its necessity and advantage was fully appreciated by other than those who performed it as a religious rite. This being the case, I am of the opinion that the advantages afforded by it as a prophylactic and sanitary measure was well understood by the ancients; and as history fails to show that it had any religious significance, it is but natural to conclude that it was done for prophylactic reasons.

Thus we have another illustration of the force of the old adage, that history often, if not always, repeats itself, or of the other one, that there is nothing new under the sun, for I am quite sure that the next century will see circumcision fully re-established, and relied upon as one of our most effective prophylactic measures against diseases of almost every kind.

Anyone who has had much to do with genito-urinary work, must have been forcibly impressed with the far-reaching character of disturbances caused by contractions of and accumulations under the prepuce. Time and again have I been able to trace in young men and boys the habit of masturbation back to irritation and excitation of the glans, the result of accumulated smegma in a decomposed condition, which was sufficient to keep the organ in a state of constant excitement.

Class A.

The following well defined case will be taken from several somewhat similar ones, to illustrate the force of my contention:

R. T., aged 22, single, occupation clerk, called on me nearly two years ago, and openly confessed to me that he was a masturbator, and that he had carried the practice so far that he was becoming fearful of the results, and desired my advice. He told me he remembered well how he at first would have his attention directed to his sexual organs by a slight itching and tingling sensation around the head of the penis, and in his effort to arrest these sensations, which he did by moving the foreskin backward and forward, he experienced a pleasurable sensation, although too young to ejaculate spermatic fluid (to use his own language). This proving a pleasant pastime, and never having an idea of the baneful habit he was forming, he continued it from one to three or four times daily for a long time.

At this time he was having night emissions; he was languid, dull, forgetful, more or less nervous, sleepless, and altogether out of condition. He imagined that his friends could detect what he was doing by his expression; in a word, he was altogether miserable.

On examination, I found a somewhat redundant prepuce, on the retraction of which I found more or less secretion retained, a highly sensitive glans, which showed signs of a former herpes, and a very flabby condition of the organ itself. I advised circumcision, which seemed to shock him for a moment, and caused him to ask if I did not think I could give him some medicine that would cure him without operation. He being a very intelligent fellow, I had very little trouble in showing him that the cause of his trouble lay in the irritation of the glans, after which he readily consented. A few days later I removed his foreskin, and the effect was speedy and permanent, as I have had him under observation ever since, he has gained flesh and lost all of the *forebodings* that made his life so *miserable.*

Another case, representing those in the same class, but somewhat different: Mr. W. called me to see his little 7-year-old child, and gave the following history: He will go off to some lonely spot in the house and finger or handle his penis; when sitting at the table he would observe him keeping his hands under it; he would also notice peculiar motions of his body and legs during these sittings; later on he would not hesitate to put his hand inside of his clothes in the presence of persons and go through these motions.

Examination revealed an elongated prepuce; the meatus was so contracted that it could not be retracted. At this juncture I was informed that about the time that he was observed to commence this practice he had just recovered from what I suppose was edema of the prepuce, as they told me that the foreskin was much twisted and swollen, and the doctor had said that probably he had been stung by some insect. Circumcision advised and consented to.

Operation revealed an adherent prepuce at various points to the glans, while decomposing smegma and Balanitis was quite in evidence. All adhesions were broken up without trouble and penis thoroughly cleansed. The healing of the wound was only excelled in rapidity by the complete disappearance of the trouble.

Class B.

This class of cases, I am afraid, is often seen but the cause rarely recognized. I have had three cases of this class to deal with in the last three years.

Chas. H., age 11 years, entered school at the age of 7 years; during the latter part of this year he was observed to be very figity and nervous, as his mother explained it, so that he was kept home nearly one-half of the time during his 8th, 9th and 10th years, as he would get so bad that her family physician advised it.

On examination I found redundant prepuce, almost pinhole contraction of preputial meatus. Circumcision advised and consented to.

Operation revealed abundant adhesions, which were easily broken up. Two weeks after the operation the child returned to school, and remained uninterruptedly until its close for the summer, a period of two and one-half months, and is now at school uninterruptedly since September last, and is perfectly well.

Class C.

In this class I have had quite a number of cases, all due to retraction of the tight prepuce over the glans, producing a para phymosis, with varying complications, such as sloughing of the glans in part or glans and prepuce together, retention of urine from constriction, etc. In this class I find the ages varying from 8 to 26 years.

Class D.

This class includes all those conditions which we see in connection with genito-urinary diseases proper, viz., Chancre, Chancroid, Vegitations, Herpes-Preputiallis, Balanitis, Balano Posthitis, Preputial Edema, and I may be safe in including Gonorrhoea under certain conditions, for I am quite sure that were it not that the poison of these various forms of trouble are retained in contact with the glans and other structures by the preputial covering, we would not see them near so often. It must not be understood, however, that the having a prepuce intact, that all persons are equally liable, although equally exposed. The liability to contract disease from this source being largely due to the condition of the prepuce itself, and the disposition or indisposition of the party to keep the parts clean, which, unfortunately for so many, ignorant of the danger of germs of disease remaining in contact with their tissues, fail to appreciate the importance of cleanliness, while yet a larger class, depraved and ignorant, careless of their own or the health and happiness of others, not only become infected themselves through the influence of the retaining power of the prepuce, but go about sowing seeds of disease and death to all those with whom they come in sexual contact.

Another reason for advocating circumcision is the well-known fact that when once contracted, all of these diseases are much more amenable to treatment without than with a foreskin.

It must not be supposed that I recommend circumcision as an absolute and certain preventative, for I do not. Yet I think the evidence amply sufficient to justify the statement that it is the most important. Take, for example, the Hebrew males, and we rarely ever find such troubles as Balanitis, Herpes-Preputialis, Warty Growths, etc. Nor do we find, as a rule, that they suffer from nervous disorders to the extent that Gentiles do; nor do they contract chancre and chancroid as easily as do Gentiles; and surely this immunity cannot be attributed to sexual abstinence or early piety.

I am, therefore, of the opinion that we will do well to return to the practice of the ancients in this respect, and by so doing prevent many of the ills to which humanity is now heir. Indeed, I will go further, and say that I am convinced that if we are ever to eradicate syphilis, that circumcision in infancy of all males must be the first step in its accomplishment, to say nothing of the benefits in many other directions that will necessarily flow from its universal adoption.

The time which I knew would be at my disposal tonight is entirely too short to go into general details of this most important subject, therefore I have contented myself with touching upon the more salient points, with a view to bringing the subject to your attention.

In taking the position I do regarding this subject, I am aware of the fact that there are those who claim that circumcision is only a relic of barbarism, which, in their judgment, would have passed away long ago had it not been elevated, as they call it, into a religious rite. They claim that the prepuce is not the valueless or mischievous appendage that some claim it to be, yet these very men fail to show in what respect the prepuce is so valuable, except in such doubtful and minor terms as these: That it protects the glans, retains and increases its delicate sensibility, which, in turn, increases sexual pleasures, etc.

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THE USE OF THYROID.*

BY WM. E. MOSELEY, M. D.

Professor of the Diseases of Women in the Baltimore Medical Colege.

After hearing the very favorable report upon the use of thyroid in cases of bleeding fibroid, made by Dr. Polk in a paper read before the Baltimore Gynecological and Obstetrical Society, I determined to put all suitable patients who came under my care upon a like treatment and note the results. Believing that a study of the physiologic action of the drug would be of interest to this Society, I requested Dr. E. L. Whitney, Associate Professor of Physiological Chemistry in the Baltimore Medical College, to make some investigations for me. This he kindly did, and I take great pleasure in presenting the report of his results as a part of this paper.

The cases which I have had under observation are only five in number, and are as follows:

CASE I.—Mrs. C. S., aged forty-seven years, entered the Maryland General Hospital January 5, 1898. Her mother died of tuberculosis; otherwise her family history was negative, as was also the patient's early history. Menstruation began at twelve years, regular every four weeks, very free, and accompanied by considerable pain until after the birth of her first and only child, which was born twenty-three years ago. Between 1880 and 1898 she suffered from a number of severe hemorrhages, which occurred independent of the menstrual period. During the past year menstruation has been irregular but excessive in amount.

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*Read at the Twenty-third Annual Meeting of the American Gynecological Society, held at Boston.

Her uterus was found to be pretty regularly enlarged, the probe entering to a distance of seven inches. The endometrium bled freely on the touch of the probe. I curetted this uterus for the sake of having the endometrium examined microscopically, and put the patient on thyroid, 1 grain after each meal, to be increased 1 grain daily until 15 grains daily were taken. The pathologist's diagnosis from the scrapings was glandular hypertrophy with edema and congestion.

Since the operation the flow has been much reduced in amount and when the patient was last seen it was perfectly normal. The woman left the hospital on February 9th, and was directed to continue the thyroid in doses of 9 grains daily. There have been no heart, kidney, or stomach symptoms.

Case II.—H. M., female, aged thirty-three years, single, colored, entered the Maryland General Hospital January 5, 1898. One child born fifteen years ago, natural labor. No abortions. Family and early personal history negative. Menstruation began at seventeen, regular, lasting four or five days, no marked pain. During the preceding three months she had had a very free flow every two or three weeks and lasting eight or ten days, accompanied by severe pain. In November she had a profuse flow lasting two weeks, and was much debilitated on account of loss of blood.

Examination showed the uterus to be decidedly enlarged by intramural fibroids, but no measurements were taken. The patient was put upon thyroid, 3 grains daily, to be increased 1 grain each day until 15 grains daily were taken. She left the hospital February 16th, and was directed to take 9 grains of thyroid daily and report every two weeks. There have been no heart, kidney, or stomach symptoms. The menstrual flow has been regular and normal, and the patient has improved much in general health.

Case III.—E. C., female, single, white, aged fifty years, entered the Maryland General Hospital November 2, 1897. Family and early personal history negative. Menstrual flow free but fairly normal until five years ago, since which time the flow had been very excessive and accompanied by considerable pain in the pelvis and back. There had also been a free intermenstrual glairy leucorrhea. The patient's condition was one of extreme anemia, the mucous membranes appearing practically bloodless. The lungs were negative. There was a loud blowing systolic murmur, loudest over the base of the heart, and a loud bruit in both sides of the neck and also in the lower portion of the aorta. The uterus was symmetrically enlarged, forming a smooth, rather elastic tumor, 21 cm. between perpendiculars in its transverse and vertical diameters. The patient was ordered thyroid, 3 grains daily, to be increased 1 grain each day until 15 grains daily were taken. She was also ordered arsenic and reduced iron.

On December 14th the tumor measured 18 cm. in its transverse and 19 cm. in its vertical diameter. The patient had taken on flesh. There was a decided return of color to the mucous membranes and marked improvement in strength and in heart symptoms. The thyroid was continued in doses of 15 grains daily until February 11th; when the patient left the hospital, being directed to take 9 grains of the drug daily and to report from time to time. On May 18th I measured the tumor and found it 14 cm. in transverse, and 16 cm. in vertical diameter, a diminution of 7 and 5 cm. respectively. The bruit had entirely disappeared from the carotid arteries, and there was but a slight soft murmur transmitted through the tumor from the aorta.

The thyroid at no time caused any disturbance of the heart, kidneys, or stomach, and after beginning the use of the drug, the menstrual flow was excessive only on one occasion, and for the past few months has been very slight in amount.

Case IV.—Mrs. H. E. C., white, aged forty-six years; first entered my private hospital four years ago. Her family and early personal history were negative. Menstruation had been normal to within three years. Since 1891 the patient without any known cause had suffered from very severe menorrhagia, the flow lasting upward of two weeks out of every four. This condition had been ascribed to "change of life" and had been practically neglected by her family physician. On examination I made out nothing more than a moderate enlargement of the uterus and an endometrium that bled profusely on the introduction of a probe. I curetted the uterus thoroughly and put her upon tonics. For about three months there was relief from the menorrhagia, but later the flow became as free and as persistent as ever.

Two years ago she again came to me, and I curetted her a second time, and during the operation made out a small fibroid in the anterior wall of the uterus. The scrapings from both of these operations were examined microscopically and pronounced perfectly benign. Last January she came to me a third time. Although her general health was better than it had been for several years and her extreme anemia had disappeared to a considerable extent, probably owing to persistent tonic treatment, she was still losing a large amount of blood at each period, the flow lasting between one and two weeks, forcing her to keep her bed. I put her on thyroid, beginning with 3 grains daily and increasing 1 grain daily. The drug in her case was not well borne. As soon as she went beyond 6 grains a day her ankles and legs would swell, albumin would appear in her urine, her heart action would become rapid and irregular, and her appetite would disappear. A discontinuance of the drug for a few days would bring about a return to a normal condition. While the thyroid was being used in 4 to 6-grain doses daily, the excessive bleeding was held in check and the patient's general health and strength improved. She was under observation six weeks, and since her return home has in an irregular manner continued the use of a small amount of the drug, with the result that the excessive flow has been held fairly well in check.

CASE V.—Mrs. R. W., white, aged thirty-five years, widow, no children. In January, 1895, I opened her abdomen on account of enlarged tubes, the result of a prolonged inflammatory condition. I found the intestines agglutinated together and the pelvic cavity completely walled off by lymph. As she took the anesthetic very badly, I simply washed out the abdomen and closed the incision. She did perfectly well, and during the following few months gained sixty pounds in weight. During the latter part of 1897, however, she complained of discomfort in the left iliac region, together with rather excessive menstrual flow.

She entered my private hospital on November 9th, there being present a very excessive menstrual discharge. On November 15th examination under ether showed an elastic enlargement in the line of the left tube, and after curetting her thoroughly I drained the tube through the vagina, the fluid apparently being a bloody serum. At this operation I made out a fibroid thickening in the upper portion of the left side of the uterus. The scrapings were reported benign. The two succeeding menstrual flows were excessive in amount, and I ordered thyroid to be taken as in the preceding cases. This patient could take 6 grains daily for a limited time without bad results, but even that quantity if persisted in caused loss of appetite and marked dyspeptic symptoms, together with a very rapid and irregular action of the heart, and she had to limit herself to 4 grains daily. This, however, was sufficient to keep the excessive loss of blood in check. The menstrual flow became normal in amount and character, and has so remained.

From these five cases I came to the following conclusions: (1) That, whereas some patients can take comparatively large doses of thyroid with impunity, others are injuriously affected by small amounts, and that, in using it, one should begin with a minimum dose, say 3 grains daily, increasing the amount very slowly and watching its effect upon the heart and kidneys carefully; (2) that in cases of bleeding fibroids, thyroid has a very marked influence in checking the excessive loss of blood, and that in certain cases at least its use is followed by a diminution in the size of the growth; (3) that its use, in doses appropriate to the individual, is followed by improvement in the general health, this being probably due to the cessation of excessive loss of blood.

Dr. Whitney's report is as follows:

By our present methods of blood examination it is impossible to demonstrate any alteration in the blood which will explain the changes taking place in the organism under the influence of thyroid. The only change, as the analyses show, which can be demonstrated, is a moderate increase in the percentage of small mononuclear cells with a corresponding decrease in the percentage of polymorphonuclear neutrophiles. There might be, it is true, an increase in the oxidation equivalent of the blood or an increase in the volume of blood, but neither can be determined by any of our methods with any degree of exactness. In the cases when an apparent anemia is cured by the action of thyroid, the action may be better explained by considering the cure as simply the result of a local action upon some physical condition underlying the anemia (Case I.). In one case, the patient suffering from mental trouble could not be induced to eat or exercise. Under thyroid the mental and physical conditions both improved. As a consequence the blood condition also improved. In Case III. the condition was one of intense anemia from bleeding fibroids. Under treatment with thyroid, the bleeding ceased, necessarily the condition of the blood improved, as it probably would have done under any other treatment which would have stopped the hemorrhage, making the blood secondary to the change in the fibroid. (See Case II., of Dr. Richardson's blood-count.)

Now with regard to its effects upon metabolism. All the cases which I have studied during the past two years, some superficially, others carefully, show a considerable decrease in the amount of nitrogen and salts eliminated in the urine. This fact, taken in connection with the undoubted decrease in weight in persons suffering from obesity, renders it positive that the decrease in weight must be due to the increase in the metabolism of fats in the body. Carbohydrates are stored up in the body in only moderate amounts at any time, the increase in weight being due to an increase in the amount of fats (hydrocarbons) in the body. This narrows the increase in metabolism to an increase in the metabolism of fats. Now by oxidation of fats the products formed are C_2O and H_2O, both of them eliminated principally by the lungs, and both difficult to estimate except by very elaborate apparatus. Whatever histologic connection there may be between myofibromata of the uterus and connective-tissue cells of areolar and adipose tissue I must leave to the histologist and gynecologist to discover. I think the relation must be nearer than is commonly supposed.

The following reports of the blood examination in Cases I. and II. were furnished me by Dr. Richardson, of Mount Hope, and I am sure they are correct. The results agree in the main with those I have previously obtained, and with statements contained in the literature on the subject of thyroid medication:

CASE I.

Before treatment:

Erythrocytes	4,528,000	
Leucocytes	8500	
Differential count:		
Small mononuclear	17.6	per cent.
Large mononuclear	8.4	“
Eosinophiles	1.8	“
Multinuclear	72.2	“
Specific Gravity	1053	
Hemoglobin	75	“

No basophilic perinuclear granules observed with dahlia.

After one week's treatment, patient taking 5 grains three times daily:

Erythrocytes	4,835,000	
Leucocytes	8000	
Differential count:		
Small mononuclear	27.9	per cent.
Large mononuclear	9.6	“
Eosinophiles	1.2	“
Multinuclear	62.3	“
Specific Gravity	1053	
Hemoglobin	75	per cent.

No basophilic perinuclear granules with dahlia.

CASE II.

Before treatment:

Erythrocytes	3,648,000	
Leucocytes	9400	
Differential count:		
Small mononuclear	10.0	per cent.
Large mononuclear	6.8	“
Eosinophiles	1.0	“
Polynuclear	81.2	“
Specific Gravity	1045	
Hemoglobin	45	per cent.
Perinuclear basophilic granules	0.5	“

After three weeks' treatment, patient taking 2½ grains three times daily:

Erythrocytes	4,320,000	
Leucocytes	8000	
Differential count:		
Small mononuclear	21.2	per cent.
Large mononuclear	7.4	“
Eosinophiles	2.1	“
Polynuclear	69.3	“
Specific Gravity	1054	
Hemoglobin	78	per cent.
Perinuclear basophilic granules	0.15	“

From published reports in connection with thyroid treatment it has been found that changes occur in blood as follows: (1) a slight increase in the number of mononuclear-cells; (2) a corresponding decrease in the percentage of the polymorphonuclear neutrophiles; (3) an increase in the oxygenating power of the blood.

The urine shows, in general terms: (1) a decrease in the amount of nitrogen eliminated; (2) a decrease in all nitrogenous constituents; (3) a decrease in the amount of mineral matters; (4) albuminuria if too large doses are used.

Bodily conditions. In obesity: (1) a decrease in weight; (2) no corresponding decrease in strength; (3) taken in connection with urinary analysis it indicates that the increase in metabolism must fall on hydrocarbons and carbohydrates, the increased metabolism and change of which acts as a saving principle to the proteids of the body.

While Dr. Whitney was in Berlin, working with Professor Thierfelder, he wrote me as follows regarding thyroid:

"In accordance with my promise, I have been trying to look up the thyroid treatment and its effects more thoroughly, but so far have been unable to find any satisfactory report of its results. The effects upon metabolism may be briefly stated as follows: (1) Upon the nitrogenous metabolism and elimination its influence is stated by some to remain normal; by others, including Chittenden, the elimination is stated to be slightly but uniformly increased, the diet remaining the same. Those observers who have found the daily elimination of nitrogen the same or decreased have possibly failed to take into account the injurious effect of large doses of thyroid upon the appetite and digestion, with consequent decrease in the amount of food (and nitrogen) ingested. The increase in the amount of nitrogen eliminated remains, however, always slight. (2) The effect upon general metabolism is shown by the decrease in weight which follows the prolonged administration of thyroid, especially if in excessive doses. As there is not a corresponding increase in the amount of nitrogen eliminated, this loss must come chiefly from the non-nitrogenous elements of the body, that is, fats or the carbohydrates. This is apparently proven in the following ways: (*a*) There is a marked increase in the amount of CO_2 eliminated by the body, showing increased oxidation of the carbonaceous materials of the body. (*b*) The loss of weight is most pronounced in those suffering from obesity, leading to its use as an 'anti-fat' remedy. (*c*) In mild cases of diabetes mellitus the sugar may be made to diminish or disappear entirely under the use of thyroid. These effects may be explained by one or both of the following hypotheses: (1) It may exert a specific stimulating effect upon the areolar tissues of which adipose tissue forms only a modification, due to the deposition of fats. (2) It may increase oxidation by increasing the oxidizing power of the blood. Its demonstrable effects upon the blood are limited, usually showing a slight increase in the number of mononuclear leucocytes, other changes in the blood, found at times, being explicable by changes in the organism, the alteration in blood constitution being secondary, as, for example, the increase in hemoglobin and red corpuscles after administration of thyroid in bleeding fibroids.

"The explanation of its action upon fibroids must be hypothetical only. Analyses of dried fibroids show them to contain about fifteen per cent. of nitrogen (average), and only 1.5 per cent. of fats (matter soluble in boiling ether). Its action may be that stated above, that is, stimulation of the tissue composing the fibroid with resultant absorption, or by an increase in the oxidizing power of the blood, with absorption of the fibroid as a secondary effect."

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* *HYDROTHERAPY.*

BY T. W. KEOWN, A. B., M. D.,

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MR. CHAIRMAN AND GENTLEMEN:

The subject which I bring before you for discussion tonight is one which seems not to be given that recognition among us to which it is justly and reasonably entitled. Judging from the experimental work done, the conclusions arrived at and the beneficial results which have followed in this branch of medicine by such men as Winternitz, Roehrig-Naumann, Schuller-Vincij Baruch, etc., and though I have given the subject considerable thought, yet I fear that it will suffer from my inability to put the matter clearly and concisely before you, to show you some of the results of this treatment in the changes of the blood, blood pressure, and general muscle tone.

Hydrotherapy means the application of water in disease—that is, water in any of its forms, vapor, liquid, or solid—internally and externally; not used empirically, but in a manner as scientific and as accurate as one would any other drug in the materia medica. No one would think of prescribing Digitalis or Nux Vomica without stating a definite preparation and a limited dose; so it is in the application of water, we should always prescribe the kind of bath to be used, the temperature and the length of time occupied in taking it; one can readily see the lack of care and judgment in ordering a cold bath, without stating the temperature, when the water in summer may be 65 or 70 degrees, and in winter down to 40 degrees.

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*Read before the Baltimore Medical and Surgical Association.

Water possesses many properties which render it a very valuable medicinal agent—its flexibility shown by its change from solid to liquid and from liquid to vapor; it has the power of absorbing and transmitting heat, and its fluidity is such that it can be directed against the body in almost any form; it can come down like rain in shower baths, or be made to impinge against the body from a hose pipe, or encircle the entire body with equal pressure in a full bath; it can be subjected to any degree of pressure by means of air, and when so applied influences the vast network of nerves and blood vessels in the skin, giving a beautiful massage to each portion as it comes in contact with it.

Hydrotherapy does not pretend to treat all cases alone; there are other drugs which are useful in disease, and the physician should conscientiously use this line of treatment when it is decidedly better than or a very useful adjunct to other drugs.

We are all aware of many uses to which water is applied for other than purposes of cleanliness. Examples are numerous. Ice to allay an irritable stomach, the ice-cup and the ice-bag, are favorites in every-day use; boiling water and steam as sterilizers, warm water in irrigation of the genito-urinary and alimentary tracts, and as a solvent for most medicines. Hydrotherapy deals with all these forms, but is chiefly concerned in the application to the skin, acting chiefly through the nervous system by reflex action; its effects are largely due to the degree of heat used and the mechanical irritation kept up during the bath.

The effects are observed in the circulation, respiration, temperature, tissue change and secretion.

Cold water, when applied to the skin, at first causes a slight shivering and pallor of the skin, due to a contraction of the coats of the peripheral blood vessels, producing collateral hyperaemia, with increased blood pressure and increased temperature. This peripheral contraction is followed in a shorter or longer time by dilatation dependent on the mechanical irritation applied to the surface, and due to the excitation of the inhibitory nerves; the collateral hyperaemia stimulates the action of the muscular coats of the blood vessels, and thus the blood is hurried along with increased volume and force. Respiration is, at the beginning of the cold bath, spasmodic, alternately shallow and deep; it soon, however, adapts itself, becoming deeper and slower. This effect enables the lungs to influence the circulation, and in consequence there is a slower and more forcible ventricular contraction, with increased blood pressure, even with the peripheral dilatation going on, as shown by the sphyzmograph. Here, then, we have a result which is far-reaching in its effects—a better circulation, a better respiration, and a better tone. All tissue change and all organic action depend on the amount of arterial blood in circulation, the activity of which enhances secretion and excretion. Following out these thoughts, and observing the bio-chemical changes, we find there is increased consumption of oxygen and increased elimination of $C O_2$. The total excretion of nitrogen was also increased, showing a better utilization of food. So also with urea and uric acid. The influence on the nitrogen, urea and uric acid appears to take place better after two or three days' application of water. Where such increased activity is going on in the circulation and respiration, there must also be an increased activity among the cells and consequent tissue change—more work is done by the system, and there is a greater ability to do it.

After one of these cold baths experiments have shown that there is a considerable increase in the fatigue cure, and if one be fatigued from excessive muscular action, a cold bath will diminish fatigue and impart increased vigor to the individual. A very noticeable feature of a cold bath on the blood is the increase in corpuscular elements, the white corpuscles increasing up to 2 or 3 times and the reds as much as ½ to 2 millions per cubic millimeter. The haemoglobin was also increased. These were not permanent changes, but after a series of such baths the improvement was considerable, and is of considerable benefit in all cases of anaema and chlorosis. Dr. Thayer, of the Johns Hopkins Hospital, has proven these facts by experiments on himself.

Warm water also contracts the peripheral blood vessels on being applied to the skin, but later on it diminishes muscle tone and lowers arterial tension, while cold increases both. The influence of cold water on temperature is known to every physician, and this seems to be the only use he has for it from a therapeutic standpoint.

The antipyretic action of cold water is very limited in health, but becomes very marked in disease. As far as the passive application of cold water is concerned, it seems to have very little effect on temperature, and only succeeds in chilling the patient and in delaying reaction, and the colder the bath the less influence it has; but if the patient treated with a moderately cold bath is kept well rubbed while in the bath, the result will be more satisfactory, as far as temperature is concerned, and the reaction will soon set in, and the typhoid-stricken individual will brighten intellectually and often fall into a natural and refreshing sleep. Here it is the mechanical irritation which does good, not so much the degree of cold. The friction improves the cutaneous circulation and thereby cools the greater portion of the blood during the bath. The value of cold water in reducing fever is evidenced by the success of the Brand treatment in typhoid fever, wherever strict Brand treatment has been followed.

There are very many methods in use which may be used in private practice, and others which can be found only in institutions. Understanding the value of applications of water, it is customary to train the patient somewhat and prepare them for the more vigorous methods that may be needed in his case.

Let me enumerate some of the methods in use, beginning with the simpler and going up to the more intricate:

The Ablution, which consists in the application of water by the hand with gentle friction—not sponging simply, but aiding the stimulation by friction and producing a reaction. This is of value in acute fevers—anaema, Chlorosis, phthisis—and may be used as a preparatory step.

The Half Bath.—The head is first wet, patient placed in a tub of water up to the hips, with a temperature about 85 degrees, then while friction is applied water is dashed against the chest and abdomen.

The Affusion.—The patient may stand up or lie down, and water is poured over from a bucket or other such vessel. Here the thermic and mechanical effects are combined, acting as a powerful stimulant to cardiac action, respiration, assimilation and nutrition. It is useful in cases of delirium and unconsciousness, cyanotic condition due to hyperstatic congestion or poor contraction of the coats of the peripheral vessels. Winternitz speaks of its great use in collapse, claiming that it is not the heart so much that is weakened, as it is the collapse of the blood vessels.

The sheet bath, the drip sheet, the wet pack, the full bath, hip bath, can all be used intelligently in private practice. Of course these are also found in institutions, and with trained attendants it is only reasonable to suppose that the application and results would be very much better.

In institutions there are found other methods than those mentioned, notably the Douche, in its variety of forms. The douche consists chiefly in the use of a piece of hose pipe with a nozzle of from 1-16 to 1 inch in diameter, giving a fine or coarse stream of water. This is called the jet douche. By placing the finger partly across the lumen of the nozzle we get a fan douche; then there is the rain douche, or shower bath; and the circular douche, or needle bath; there is also an ascending douche, which strikes the body from below. For the better application of the douche a table is made shaped somewhat like a box, about 4 feet high, with a top 3 feet by 2, with stop cocks marked for the different douches, the shower, needle, jet, hot and cold water fitted with thermometers to regulate the degree of heat of the bath. The temperature of the bath can be raised or lowered at will, and the pressure of the jet is regulated by a gauge, so that a pressure of 10, 15, 20, 30 or 40 pounds to the square inch can be obtained. With such arrangements as these you can recognize the immense use to which the douche can be applied. One attendant is sufficient. He has but little work to do except direct the jet and regulate it according to directions. It is certainly a therapeutic weapon of great value for good, but a fine jet, with strong pressure behind it, can produce bleeding and destruction of tissue.

This form of treatment is very popular in France and America; not so much so in Germany. It affords a very liberal range for grading the temperature of the bath 110-50 degrees. Its application at lower temperatures should never exceed one minute, and generally varies from 10 to 30 seconds; in fact, the lower the temperature and the shorter the duration the greater the reaction. It works easily, and is passed rapidly from one part to another in succession. In order to make the skin more sensitive to the action of the douche, the patient is often put in the hot-air cabinet to warm up, not to perspire, or is given dry pack prior to the application of the douche. Some individuals, owing to fear or nervousness, are unable to stand the douche. These patients have to be educated by other modes of procedure, such as the cold rub or gradually cooled bath, for some time, until they get accustomed to the effect of cold. Generally, though, if the douche is given first at a temperature of 95-100, and reduced 1-2 degrees daily, then it is very well tolerated by even the most sensitive. You must inspire the patient with confidence in the method, and gradually enable him to stand the force of the douche.

The douche is found to be very effective in cases where there is depreciated nerve tone, lack of energy and muscular power due to poor nutrition, chronic dyspepsia, chronic rheumatism, neurasthenics, enuresis of children, anaemia, chlorosis, and in all those forms of ill health due to the effects of fashionable society and its round of pleasures, or to the overwork of the poorer classes in the fight for a mere subsistence.

In prescribing these baths, we ought always to begin with a mild dose, so to speak, and then gradually increase to suit the requirements of the patient. The temperature, pressure and duration should be strictly regulated—as, for example, temperature, 95-85 degrees; pressure, 25 pounds; duration, 15 seconds. You can understand readily the great leeway there is in the *temperature*, but the *pressure* is something that is better appreciated when seen. A pressure of 25 pounds from a jet douche will redden the skin wherever applied, but one of 10 pounds will hardly show a trace. Then in those people who are emaciated and cachectic, even when the skin has been stimulated previously by hot air, it takes a higher pressure to produce the same or nearly the same effect. The duration is exemplified by the putting one hand in cold water (iced water) and immediately withdrawing; soon it reddens, grows warm, and feels quite pleasant. Put the other hand in for 5 minutes—it pains, grows cyanotic, and takes quite a while for a reaction to occur. You can judge for yourselves of the value now of prescribing accurately and scientifically the temperature, pressure and duration of a douche bath.

I regret very much that I am unable to show you some charts representing pulse tracings, and give you some definite figures of blood counts made before and after baths. Dr. Simon Baruch gave a very instructive clinical lecture at the German Hospital, Philadelphia. It is published in the International Clinics for 1897, Vol. II., Series VII.

I will take the liberty of using a copy of his article to show these tracings and records, before and after baths, in order that you may recognize something of the practical value of Hydrotherapy.

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ODONTALGIA.

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BY WM. A. MONTELL, D. D. S.,

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"All things come of God, save the toothache, which cometh of the devil," was the sage remark of a pious Christian of the second century, and all the generations of the human race have testified to the correctness of the sentiment. Odontalgia (compounded of the Greek words *odons*, a tooth, and *algos*, pain) has been used to describe the group of pathological conditions connected with the dental organs, whether within or about the teeth, but the pain, proceeding, as it does, from such varied conditions, has rendered it necessary to be more specific in designating its location, and this has been done by dividing toothache into two general divisions, viz., pulpitis and pericementitis, the words themselves indicating the tissue affected, and into these two general divisions all toothache may be referred.

Pulpitis, or inflammation of the internal organ of the tooth, arises from many causes, such as caries, a filling in too close proximity to the pulp, recession of the gums at the neck or cervical portion of the tooth, traumatic injury from a blow, excessive use in mastication, cracking of hard substances, biting of threads, extreme thermal changes, or by pathological conditions arising within the structure of the pulp, such as the formation of nodules.

The tooth pulp presents a study of peculiar interest, both from its environment and the anatomical structure of the pulp itself. Its blood vessels are without the complete muscular coats usually found elsewhere, its nerves also lacking the usual sheath; the lymphatics of the absorbent system are absent, and the entire mass finds entrance through a small orifice, the apical foramen, where it is much smaller than in the crown of the tooth.

All this delicate, sensitive organ is enclosed within its self-constructed wall of hard, unyielding dentine, which normally covers and fits the pulp like a glove, but allows no space for an increase of bulk by the engorgement of the blood vessels under inflammatory conditions. With an increased blood supply the vessels yield to pressure, and through the lack of muscular coats diapedesis occurs in a modified form, not as usual, but preceded by an active engorgement of the channels, and during this period the pain is most exquisite.

In a normal condition the pulp is but little, if at all, responsive to external influences, but subjected to continued irritation, its sensibility is aroused and paroxisms of pain are produced by almost any agent, the most generally exciting causes being thermal changes and pressure upon the pulp.

Thermal changes from hot to cold, or the reverse, constitute a most important means of differential diagnosis, between pulpitis and pericementitis, as in the latter condition the pain is not increased by alterations of temperature.

The application of heat or cold, or alterations of the same, afford the operator an excellent means of locating the seat of pain, as, should there be two or more teeth with large, carious cavities, the patient is rarely capable of determining the precise tooth affected, and by inclining the patient, with the aid of a medicine dropper and alterations of hot and cold water upon each tooth successively, commencing at the posterior, so that the water is directed upon only one tooth at a time, the operator is enabled to ascertain with absolute accuracy the seat of trouble.

In the first stage either hot or cold increases the pain.

In the second stage cold increases the pain.

In the third stage cold relieves the pain.

In the last stage there is no response to hot or cold.

As in all the stages of inflammation of the pulp, thermal changes affect the sensibility of that organ except in the last stage, its absence is a sure indication of a loss of vitality, when an entirely different treatment will be demanded. In pulpitis, the pain, in its incipiency, is but slight, becoming gradually more persistent and decided, the paroxismal characteristic developing as the attack continues, and as the pulp becomes more and more engorged, their frequency and violence both increasing, until the intervals between the paroxisms are so diminished, that the pulsations appear uninterrupted, but even at this stage there is hope of saving the life of the pulp, but should these symptoms be followed by sensation of a deep, boring pressure, indicating effusion of the blood, there exists but little hope of relief, save in the devitalization of the pulp, and this is accomplished by some of the many agents, chemical or mechanical.

In the treatment of pulpitis in its earlier stages the prognosis is favorable, and the practitioner should endeavor to allay the pain and restore the pulp to a normal condition by reducing the inflammation.

For the reduction of the pain either of the following may be employed:

℞
Acidi Carbolici.............m i
Olei Cassiae: ....m ii
Olei Gaultheria ....m iii or
℞
Plumbi Acetatis............gr. v
Tinct Opii ....ʒ ss
Aquae................. ......℥ ii

to be applied in the carious cavity on a pledget of cotton smaller than the cavity itself, after first rinsing with *tepid* water from a syringe.

This application should be sealed in the cavity with gutta percha stopping, or a very thin layer of cotton coated with a solution of sandarac, great care being taken to avoid all pressure upon the pulp, as the pain would be greatly increased thereby; in fact, it is to be regretted that the average practitioner is far too careless in this respect, and frequently adds to the suffering of the patient; for it can readily be understood how the congested pulp, already compressed within the narrow compass of its chamber, will resent any additional crowding.

These applications should be renewed from time to time, and upon subsidence of the symptoms of pain, the cavity can be filled with some plastic, non-conducting, antiseptic material, care being observed to avoid all pressure upon the pulp, if exposed, and if the operation is intelligently performed and the constitution of the patient good, the chances are that this process, called capping the pulp, will prove successful.

The success of pulp capping is more or less dependent upon a layer of cells on the periphery of that organ, called the odontoblasts, which were the formative cells in the construction of the dentine of the tooth, and these cells may again assume their constructive function and repair the waste of dentine at the point of exposure. This is frequently found to be the case, both in teeth, in which the pulp has been capped, and where, anticipating, as it were, its exposure in response to the earlier irritation of that organ, considerable additions of secondary dentine have been made to the internal part of the dentine, diminishing, in consequence, the size of the pulp chamber, but affording a protection from the irritation of advancing caries.

But should the extravasation of blood have taken place, the prognosis is bad, as there is no lymphatic system to produce absorption of the effusion, and it would be more merciful to hasten the death of the pulp after first allaying the active inflammatory process, and this can in most cases be accomplished by use of one of the aforenamed applications, to be followed within 24 hours by the devitalizing agent, the following being about the usual form, though varied to suit the individual judgment of the practitioner:

℞	Morphinae Acetatis	gr. i
	Acidi Arseniosi	gr. ii
	Menthol	gr. i
	Creasoti	q. s. m.
	Fiat Massa.	

The insertion of one or two crystals of cocaine muriate, followed in 5 to 10 minutes by the most minute portion of the arsenical preparation, will, as a rule, be productive of but slight pain, and render the pulp lifeless within 24 hours, all sensation of pain ceasing within an hour after its application, though upon pressure or puncture the pulp will still show sensibility. In sealing this last preparation in the cavity, care should be taken to avoid pressure, and at the same time render it secure and impervious, as leakage upon the soft tissues of the mouth would, by reason of the escharotic material, produce serious consequences, often extending in its effects to the periosteum of the maxillary bones. Upon opening the cavity on the ensuing day, it should be first rinsed with tepid water before proceeding to remove the pulp, which, if still resenting manipulation, should be treated with an application of carbolic acid, creasote, or any of the essential oils, and after saturation, be again sealed and allowed to stand for a few days, rarely producing further pain in its removal, after which the root canals can be filled, having previously rendered them aseptic. If the entire pulp is not absolutely removed, small fragments remaining may cause future trouble by decomposition, and therefore the extreme apex of the root canal is filled with a mixture of thymol, alum, glycerol, equal parts, with zinc oxide, q. s., to make a stiff paste, this having the effect of thoroughly tanning the pulp, and at the same time preventing its putrefaction, without causing discoloration of the tooth. Should the pulpitis be severe and of long duration, hot foot baths, a counter-irritant to back of neck, and xx to xl grains of potassium bromide, will be almost sure to relieve.

A v grain tablet of antikamnia et codeine has rarely failed to afford ease and rest, even in the most aggravated cases, and the hyperdermic of morphiae sulphate will often be found necessary.

A Seidlitz powder will often aid materially in reducing the blood pressure.

Should the pulpitis proceed, from other cause than caries, the treatment would of necessity be different, owing to the absence of any cavity in which to place the preparations named, and the operator would be confined to superficial applications and the systemic remedies named.

Not infrequently the pain experienced in this latter class of cases is quite annoying, and relief comes but slowly. The organic contents of the dentinal tubuli being in a highly irritated condition, exert a constant and increasing effect upon the pulp, resulting eventually in either death of that organ by the secondary formation of dentine in the pulp chamber, thus diminishing its size, and decreasing the blood supply, or if the cause of irritation ceases the pulp resumes its normal condition, and no further trouble ensues.

A certain class of cases have their origin from within the pulp itself, and these are far from rare, being supposedly more frequent in patients of a gouty diathesis, producing a formation of dentine nodules within the body of the pulp, these acting as an irritant from which arises a low inflammatory state resulting in the gradual atrophy of the pulp.

All of these latter cases seem to yield best to systemic treatment in connection with such topical applications as will best remove the local causes of irritation, the latter being mostly confined to sedative applications where the condition is of long standing, or if of recent occurrence, by the use of a caustic, care being observed to protect the soft tissues of the mouth, and in both cases to be followed by the introduction of a suitable filling by the dental practitioner.

A CASE OF BROWN-SEQUARD PARALYSIS APPEARING ONE YEAR AFTER SYPHILITIC INFECTION.

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The report of the following case appears to me justifiable as a contribution to the literature on Brown-Sequard paralysis because it represents a typical example, especially so far as the sensory disturbances are concerned, and because it illustrates the fact that manifestations on the part of the nervous system may appear in a relatively early stage of Syphilis:

John W., aged 43 years, white, a telegraph lineman, single, was admitted to the medical wards of the Johns Hopkins Hospital (service of Dr. Osler), May 26, 1897. He complained of paralysis of the legs and of urinary trouble. The family history was unimportant, except that one brother died of scrofulosis. There was no history of any neurosis in the family.

He had had scarlet fever as a child, but there were no sequels. When 32 years old he had an attack of dysentery. Ever since his eighteenth year he has been a moderate but rather steady drinker, averaging about two drinks of whisky a day, but never went on sprees. He has taken very little alcohol, however, in the last year or so.

During May of 1896 he noticed a small ulcer on the glans penis, which he thinks appeared 3 weeks after intercourse. As to its appearance he only remembers that it was a small, slightly depressed ulcer which gave rise to no discharge and which healed rapidly under local treatment. June, 1896, he noticed several enlarged glands on the side of his neck. He had a sore throat for 5 weeks, there were several small ulcers on the tongue, and he had a little fever at times. Not until September did he notice a rash; this he describes as consisting of red spots, not raised above the skin, numerous on abdomen and lower extremities. He had told a friend of this rash, etc., and was advised to take a "blood medicine," the patient selecting a patent medicine advertised as a "blood specific." Inquiry as to the ingredients of this blood specific shows that its principal constituent is potassium iodid and that it contains no mercury. He improved under its use, and has taken it at regular intervals until the onset of his present illness. He has never consulted a physician nor has he taken any other treatment. There is no history of pains in the long bones and no alopecia was noted. Except for the symptoms the patient's general health had been fairly good. He has lost some weight, however, during the last 6 months.

May 22, 1897, on getting up in the morning, he noticed a slight aching pain in the back, especially between the shoulders, considerable headache and a feeling of malaise. His neck felt stiff and sore. About midday he noticed for the first time slight difficulty in placing his feet while walking. The right foot was the one especially affected, the whole extremity felt heavy and the foot would drag. Towards evening the left extremity became more involved. It was only with considerable difficulty that he could walk across a room. On the morning of the 23d the condition remained as noted, and he was able to walk about his room by using a cane. On the 24th the right extremity was almost completely paralyzed, but he sat up in a chair. On the 25th he found he had lost all power in the lower extremities so that he was obliged to remain in bed. There had been incontinence of urine and feces since the 23d and the sexual power seemed absent. No fever was noted, there was no history of a chill, no vertigo, and no mental symptoms. Memory was good, and vision apparently normal, also hearing. There was no tinnitus, no severe headache, no vomiting.

Physical examination showed a temperature of 97.5 degrees, and pulse 72 a minute. There was sclerosis of radial or temporal arteries; dorsal decubitus; natural facial expression; clear sensorium; complaint of a slight stiffness and soreness of back and neck; moderately well nourished man. There were no deviations from normal in the movements of the eyes, and the pupils reacted equally to light and accommodation. The tongue was in the median line, and there was no paralysis or paresis of any facial muscles. Examination of mouth and throat was negative. There was no alopecia. A moderate glandular enlargement existed affecting both inguinal epitrochlear groups and several still larger isolated glands in anterior and posterior triangles of neck. All the glands were hard and freely movable and not tender. There was no tenderness of the long bones or skull on percussion. The lungs were clear on auscultation and percussion, and the abdominal examination was negative. The heart-sound was clear and of normal relative intensity. There was no evidence of any spinal deformity, and none of the vertebrae were tender to percussion.

The patient lay in bed with the lower extremities motionless, with the right foot turned outward; he was unable to move the right extremity at all, and could not move the toes of right foot. The left extremity could, however, be moved to a small extent; almost all its muscles possessed some power, and the toes of the left foot were moved quite readily. Extension was performed quite well and under slight resistance, but flexion was almost completely lost. Abduction was possible with slight resistance, but the power of adduction was very reduced and almost impossible. The patellar reflex was much exaggerated on both sides; there was also bilateral ankle-clonus and patellar clonus; these reflexes are a trifle more exaggerated on the right than on the left side. The cremasteric reflex was absent. Muscular development was good, there was no fibrillary tremor, and no tenderness of the nerve trunks.

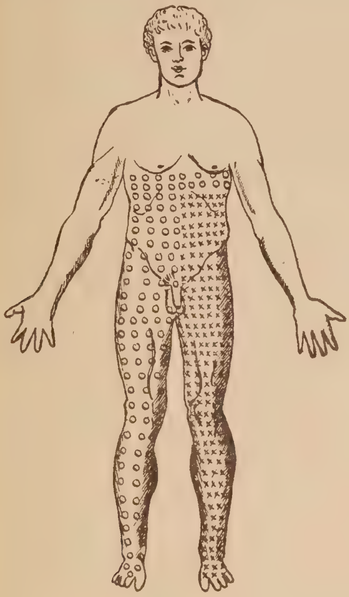
Sensory disturbances are shown on the accompanying charts. There was complete thermoanesthesia (heat and cold) on left half of body (paretic side), extending from a point 2 cm. below the xiphoid cartilage and passing to the spine in a horizontal line ending at level of eleventh dorsal vertebra; ending with remarkable abruptness at the median body line and not passing to the right of spine. There was complete absence to painful sensations over this region. The sense of touch was well preserved, the patient feeling and locating the slightest touch of a camel's-hair brush. Above this anesthetic zone a band of marked hyperesthesia to pain and temperature existed, having an average breadth of 5 cm.; posteriorly its upper limit was over the ninth dorsal vertebra. Muscle-sense was normal on this side.

Over the entire right (paralyzed side) a marked hyperesthesia existed to both temperature and pain. This had the same boundaries as the anesthesia of the opposite side. The muscle-sense was slightly affected, the patient confusing the position of the toes when these were flexed, adducted, etc., but being able to judge correctly the positions of the entire right extremity. There were three areas of tactile anesthesia on the posterior aspect of the right leg and thigh as shown in chart. These were separated by areas of hyperesthesia.

Surface temperature, taken with two English surface-thermometers: Right side (paralyzed) after 10 minutes, 94.2 degrees F. Left side (paretic) after 12 minutes, 93.3 degrees F. No special vasomotor phenomena could be detected. No dermatographia.

May 30, the patient began a course of mercurial inunction which was continued at intervals over a period of 4 weeks. Potassium iodid was given in gradually increasing doses until he took two drams during the day. June 14, he was able for the first time since admission to move the right extremity, he was able to flex the thigh a little, also to abduct the extremity. Extension was not performed nor adduction. The left extremity improved rapidly, and 10 days after admission showed almost normal muscular power. Retention of urine had ceased. August 10, the note says: "Marked improvement now presents itself. He is able to walk about the ward with the aid of a cane. The left extremity is practically normal, supports weight of body when standing on one foot. The right foot drags and the extremity is swung outwards in a half circle during act of walking. Analgesia and thermoanesthesia still exist on the left side, having the original boundaries. The hyperesthesia of the right side has almost disappeared, as has the zone of hyperesthesia above the anesthetic region on left side."

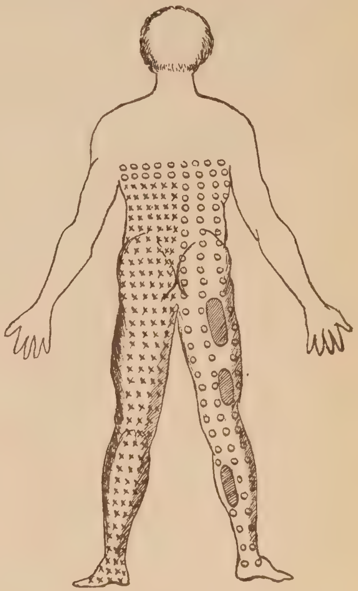
November 5, 1897 (almost six months from first appearance of the paralysis), he was able to walk several city blocks, but was obliged to have two canes; progress was very slow and the right extremity was still swung outward, describing almost a semicircle. The bladder and rectum were normal, there was no muscular atrophy, and thermoanesthesia and analgesia persisted on left side, while there was no hyperesthesia on the right.



X = Thermoanesthesia and Analgesia.

O = Hyperesthesia.

FIG. 1.



X = Thermoanesthesia and Analgesia.

▨ = Areas of Anesthesia (touch).

O = Hyperesthesia.

FIG. 2.

Although this case is not a typical example of the paralysis associated with hemilesions of the cord as first so classically described by Brown-Sequard that the affection bears his name, the only feature in the case, however, which deviates from Sequard's typical clinical picture of such lesions of the cord, is the absence of a pure monoplegia, as the other extremity was markedly paretic. This is, however, usual, even in such cases where hemilesions of the cord are produced experimentally in animals. The extremity on the opposite side to that of the hemisection of the cord almost always shows some slight paresis of its muscles, although this, as a rule, disappears quite rapidly, whereas the other extremity remains completely paralyzed. In practically all instances of the cases of Brown-Sequard paralysis which came under observation immediately after the injury to the cord, the extremity on the anesthetic side was affected to some extent, and it seems to be but natural that this should be the case if we consider that fibers pass from one side of the cord to the other, establishing, undoubtedly, more or less intimate relationship between both sides, so that the general effect of a traumatic shock to such a delicate organ would almost surely exert some influence on regions more or less remote from those of the site of the injury itself, owing, probably, to delicate changes of a molecular nature in the protoplasm of the cells, and this may account for the frequent prompt improvement and establishment of normal function on the side opposite the lesion.

It is, therefore, more the sensory disturbances which come into prominence in this type of paralysis; and certainly in cases coming under early observation these will be the important disturbances pointing to a lesion of one-half of the cord, for one could easily imagine that such a case might very well resemble an ordinary paraplegia of transverse lesions for a considerable period. In this case this is clearly shown, and I believe the recovery of the paretic extremity was even more rapid than is usual in this class of cases. It therefore seems only natural to assume that the pathologic process exerted its deleterious influence more especially on one-half of the cord.

The nature of the pathologic process in this case is more difficult to conclusively determine. The clear history pointing to a syphilitic infection, and the prompt improvement in the symptoms after specific treatment, make it fairly certain that a syphilitic process of some kind was the etiologic factor. The entire absence of root-symptoms—in fact, of premonitory symptoms of any kind—rather tends to exclude that a gummatous tumor or meningitis of syphilitic origin was the cause. It is more difficult to exclude a hemorrhage; but the onset was gradual, so that it seems more likely that a disturbance of the arterial supply to a portion of the cord (anemia or ischemia of the cord-substance) existed, perhaps with secondary softening. The primary cause being changes in the arteries themselves, may have led to partial obliteration of the lumens, the onset of symptoms, perhaps, being due to formation of a thrombus.

The frequency of arterial diseases from syphilitic infection, and especially as a cause of pathologic changes in syphilis of the cord and brain, tends to strengthen these views. These syphilitic changes in the arteries were first satisfactorily studied by Huebner. The first changes, according to this observer, begin in the media and then involve the outer or inner coats, frequently both. If the process is especially marked in the latter, we speak of an endarteritis; and if in the former, of a periarteritis; Koster, Baumgarten and Rumpf hold practically the same views.* Others hold that the primary changes are usually found in the outer coat, so that a periarteritis is produced, the cellular infiltration showing itself especially in the perivascular lymph-space of the vessel (space of His).

What seems to me of special interest in this case is the rather early involvement of the nervous system after the infection. Of course it is not an extreme example by any means, for we shall find that the nervous tissues may be involved much earlier than this, a fact which has only received the proper recognition during the last few years and should still be more widely taught; and it seems too much stress cannot be laid on the possibility of such manifestations in the treatment of the disease, in order to guard against their occurrence, so that the occasional early use of the iodids for at least short periods is advisable and too frequently neglected. Much credit is due to Fournier and Hutchinson † for first calling the attention of the medical world to these early manifestations on the part of the nervous system in syphilis.

In this country Lydston ‡ was perhaps the first to add valuable material illustrating this question. One of the cases appearing in his articles is as follows: "A young man, 20 years old, has a sudden onset of aphasia with right-sided hemiplegia in the third month of syphilis. Chancre still to be seen. Mucous patches on tongue and lips. General glandular enlargement. Recovery with mixed treatment."

**Deutsche med. Wochenschrift*, Berlin, vol. xi, p. 749.

† *British Medical Journal*, vol. I, 1895.

‡ *Journal American Medical Association*, vol. I, 1895.

Brash† reports a case in which left-sided hemiplegia developed 10 months after infection. A right-sided facial paralysis of peripheral origin had appeared in this case 4 weeks after the appearance of the chancre. The facial paralysis was at first attributed to lead-poisoning, as the patient came in contact with the metal and had a blue line on his gums. Symptoms of labyrinthian disease with nerve-deafness appeared 8 weeks after infection. The patient stood mercurial treatment badly and died in coma 15 months after the appearance of the primary sore. The autopsy showed marked syphilitic endarteritis, and aneurysmal dilatations, affecting chiefly vessels of base of brain. There was a small area of softening in the upper right half of the pons and degeneration in right, left, and pyramidal tracts of the medulla. Both auditory and the right facial nerves showed a marked cellular infiltration and increase of connective tissue.

Jolly‡ reports a case in which cerebral symptoms appeared 8 months after infection. The patient had severe headache, vertigo, and vomiting, double optic neuritis, facial paralysis, followed by a total right-sided hemiplegia and word-deafness. Autopsy 26 months after infection showed a syphilitic meningitis, and marked changes in the arteries of the base of the brain, the arterial lumens being obliterated. There was an area of softening in the left temporal lobe. This case also illustrates how nearly brain-syphilis may simulate brain-tumor.

Bechterew§ reports a case with autopsy showing involvement of the nervous system one year after syphilitic infection.

Westphal and Filliater saw general paralysis develop 18 months after infection.

That the optic as well as other cranial nerves may be involved in the secondary stage of syphilis is well known. Only recently I saw a case of double optic neuritis associated with retinitis in the third month of syphilis. There were no brain-symptoms in this instance.

Althaus makes the terse remark: "So far as the lesions of the nervous system are concerned we have no right on pathologic grounds to divide the changes of syphilis into secondary and tertiary periods, as gummata, arteritis, and other changes may occur in either period."

From these observations the views of Ricord are certainly disproved, for this observer limited the lesions of the nervous system in syphilis to the tertiary period.

Although stab-wounds are undoubtedly the most frequent cause of hemilesions of the cord, they may be produced by hemorrhages, tumors, more rarely by myelitis and sclerotic processes. That syphilis of the cord not so infrequently produces symptoms of such lesions is demonstrated by the number of cases reported; those of Oppenheim, Bechterew, Krafft-Ebing, and J. M. Clark being typical examples.

In 1862 Brown-Sequard first described the peculiar sensory disturbances following hemisections of the spinal cord. The most typical examples of these disturbances and which correspond to this type of paralysis most accurately are those following hemilesions of the dorsal portion, for one must remember that the results differ when the cervical and lower lumbar or sacral portions are involved.

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†*Deutsche Zeitschrift f. Nervenheilkunde,* Band viii. Nos. 5 and 6.

‡Referred to in article of Brash.

§*Archiv. f. Psychiatrie,* Band xxviii, No. 3.

The following disturbances would illustrate a typical example of Brown-Sequard paralysis:

Dorsal Cord.

INJURED SIDE.	NORMAL SIDE.
Paralysis of lower extremity on corresponding side.	Lower extremity of corresponding side normal. (Generally paretic.)
Below lesion corresponding half of body shows hyperesthesia to pain and temperature. Areas of anesthesia to touch. Muscle more or less disturbed.	Below lesion this half of body shows anesthesia to pain and temperature. Sense of touch and muscle-sense generally normal (may be involved?). A band of hyperesthesia is frequent above this anesthesia.
Reflexes generally exaggerated (may be absent).	Reflex normal (frequently exaggerated).
Temperature of skin raised.	Temperature of skin normal.

Rectal and bladder symptoms are frequent. If the lesion is in the upper dorsal segments there may be pupillary symptoms, inequality, etc.

From this symptom-complex following hemisections of the cord, Brown-Sequard came to the conclusion that this could only be explained by the following arrangement of the motor and sensory fibers of the cord:

1. That the fibers carrying motor impulses were direct fibers.

2. Those carrying sensory impressions crossed to the opposite side of the cord, with the probable exception of those sensory fibers carrying the sense of touch and muscle-sense impressions which are only partially crossed, the majority direct.

Schiff, however, believed that the sensory disturbances could be best explained by an inhibitory action of the injured on the otherwise normal half of the cord.

In 1894 Brown-Sequard gave up his former theories and seems to have accepted the views of Schiff.

The valuable experiments of Turner support very strongly the theory of the crossing of the majority of sensory fibers from the lower extremities. For the upper, however, he believes only those subserving pain-impressions are crossed.

Mott's experiments oppose these views of Turner in that he comes to the conclusion that the fibers for temperature and pain impressions are direct fibers and on both sides of the cord. From a careful review of the literature of the last few years one certainly sees that most observers accept the original views of Brown Sequard. Oppenheim, in the second edition of his "Lehrbuch der Nervenkrankheiten," Berlin, 1898, says: "The clinical observations on man agree essentially with the teaching of Brown-Sequard, and the more recent opinions in regard to the course of fibers in the spinal cord agree, at least in the more important details, with the facts which he (Brown-Sequard) first presented."

BALTIMORE MEDICAL COLLEGE
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We present in this number our football team. This may be considered the first team we have ever had, all the others being failures. To say that the season was a successful one is not putting it strong enough. The season was a remarkable one. We were able to obtain games from teams that heretofore had considered us beneath their notice, and not only obtained games but won most of them. Our schedule, as arranged last summer, was the best we could obtain, and included Dickinson, Western Maryland, Maryland Agricultural, St. John's, Maryland University, Georgetown. It was a mistake to arrange a game with Dickinson as early as September 30th, as our team was not expected to be in condition by that time. However, with a team made up largely of green and untrained men we made such a good showing that the football cranks at once prophesied that we should be heard from a little later on. We were heard from only a week later. With most of our regular team in the line-up, but still more or less untrained, we beat Gallaudet 12 to 0. As Gallaudet was the intercollegiate champions of last year for Maryland and the District of Columbia, this was a signal triumph. These games, unfortunately, had one bad result. It scared St. John's, Western Maryland and Maryland Agricultural so badly that they at once cancelled their games. The University of Virginia in the meantime agreeing to play us, we went to Charlottesville, and the game resulted in a tie, neither side being able to score. This was the first time in the football history of the University that Virginia had not won a game played on her home grounds. This was considered, up to this time, our greatest feat. One week later, at Georgetown, we won again, 16 to 0, and established ourselves in favor with the football world. The next game was with the Columbia Athletic Club. The score was again nothing to nothing. The University of Maryland in the meantime had been playing in poor luck, and our victories seemed to have the same effect on them as it had on some of the small teams, for they cancelled their game. We hurriedly picked up a game with the strong Y. M. C. A. team of Washington, and won—17 to 0. Our next move was, perhaps, a foolish one, but it established our credit for nerve and pluck, when we agreed to tackle the Duquesne Athletic Club. This club, undoubtedly the greatest in this country, and probably in the world, gave us our first bad defeat—31 to 0—which was considered rather a victory than a defeat by our boys. The Maryland University by this time picked up courage and determined to play us anyway. The game was watched with curious interest, as it was believed that the University had not been playing up to its ability, and the result proved it. The game was a fierce one, and our men had all they could do to win, which they did, however—score 12 to 6. Our last regularly scheduled game was with the team from the College of Physicians and Surgeons, which we won—18 to 0. After the team disbanded, the players not having quite enough, arranged two games, one with Portsmouth, the other with Georgetown. The first they won, by a score of 12 to 0; the second they lost—score 11 to 5. Altogether it was the most successful season a Southern team has ever had. We are very proud of our showing, and the desire to soar still higher next year seems to be present with all interested. From the prospects, we think they will not be disappointed. We shall have to play great ball next year to sustain the reputation made this year, but we intend to do it, and better, if possible.

⁂

The question whether sufficient time is being devoted to our medical course in this country has again been raised by the action of the Medical Council of Pennsylvania in modifying the Penna. law whereby men attending a medical course shall be compelled to pursue the study of medicine for four years, all of which shall be spent in a medical college. Men of great prominence are arraying themselves on either side of the question. Those in favor of the modification think that the preparatory courses in all of the smaller colleges are not of sufficient thoroughness to replace a year's work in a medical college, and that they should actually be considered what they profess to be—merely preparatory years. The other side claim that the modification gives no advantage to the college man over the high school boy, and say that the college training of the one makes him able to learn in three years what the other learns in four. The other side retort that four years is short enough for any man, and that the man or boy who is poorly prepared should not be allowed to enter at all, that the medical profession should be a body of picked men, and that the process of selecting its members should be carried to a much greater length than is now practiced by the schools, by means of more difficult entrance examinations than now exist. It is very hard for men who start an argument, each standing on a different principle to begin with, to arrive at any agreeable conclusion. The two sides of the question represent the two great classes of schools. One class, including the great institutions liberally endowed by private or public generosity, not dependent upon the patronage of the public for support, their professorships filled with brilliant members of the profession, specialists to an extreme degree, in the branch which they are expected to teach, each one wrapped up in his own investigations, seeing but the glory to be found in original research and painstaking detail in the matter of histological and pathological research in his own line; the work of which is a lifetime undertaking for an able man, who not only has no knowledge of the conditions which meet the general practitioner working among a large and often needy class of patients, but has no sympathy with them. He seems to delight more in an autopsy than in a *cure*. How can such a man reach a class of students who have not time to spend in the investigations in which he delights? If his intention is to make teachers, like himself, or to instruct men to follow in special lines of thought, then he probably succeeds. His students are usually men of means, or are being educated by parents who are well-to-do, and time and money are not a matter of much consideration. On the other hand, we have a far larger number of schools which are not endowed either by private generosity or State appropriations. These schools have been established by men usually of limited means and from various motives. But whatever have been the motives which prompted their establishment, they fill a crying need. No doubt, too, many of them have been established, and as a result some of them have been driven to the wall, and others of them have been compelled to resort to questionable means to weather the storm; but some of them are necessary. Their rates are cheaper, and are within the reach of men of small means. Besides, they receive and furnish instruction to men who could not enter the other schools. These men fill places after graduation that the highly specialized graduates of the other schools do not want. There are thousands of districts where physicians are compelled to spend their whole time in attending to the needs of a widely-scattered population at a remuneration of less than a thousand dollars a year. For a reward such as this no man can afford to spend four years in college, four years at a medical school, and thousands of dollars in securing a brilliant medical education. Somebody must fill such places, and a man with a knowledge of the fundamental underlying principles of medical and surgical practice can do a vast amount of good service in such localities. And it is not only in remote country districts that there are conditions which are to be met by men of moderate means. A man must indeed be thoroughly imbued with the missionary spirit who is willing to spend his life in the crowded districts of the cities with small fees and few other rewards, especially if he is fitted for special work. Men of brilliant attainments do not seek these places, so that men of moderate attainments must do the work for moderate fees, or allow such districts to be pauperized by the dispensaries run for the benefit of our brilliant brethren. It is our opinion that the man with a fair education, even if he be not a college graduate, with an earnest desire to learn, who is willing to devote three or four years to hard work in any good medical school where the teaching is done by representative medical men, supplemented by good working laboratories, can secure a sufficient knowledge of medicine to fit him for useful work. He will, of course, if possible, continue to gain knowledge from all possible sources, but he cannot under present conditions keep up with all our specialists, each working in his chosen field. What each college needs, is to adopt its course as far as possible to the conditions which will meet the majority of its students after graduation. A student does not want an ideal medical course; he wants a course that will help him meet intelligently the conditions which arise in his practice.

Abstract Department

IN CHARGE OF
DR. THOMAS W. KEOWN.

Change in Medical Law.

I am very much pleased with the position you have taken in reference to the recent action of the Medical Council of Pennsylvania in regard to the Requirements for entering a medical school as published on page 1251 of your issue of December 30, 1899. You have viewed the resolution of the Medical Council chiefly from the point of view of its discrimination against college men who, on the whole, every one would admit must be the best educated men, and those who will naturally later become the most prominent in the profession.

There are two other objections to the resolution which you have not touched upon: First, it discriminates against the poor medical student. It requires "four full and complete years of legally required medical study devoted to the exclusive study of medicine." There are not a few young men studying medicine who eke out their slender means by teaching, nursing, bookkeeping, and other employments. So far as I can see, if they must give four years "to the exclusive study of medicine," this resolution cuts all such men off from any extra-collegiate work in self-support.

Secondly, it seems to me the resolution is distinctly illegal, since this is not the requirement of the law of Pennsylvania. The act establishing the Medical Council and Boards of Medical Examiners in Section 13, states that after the first day of July, 1895," such applicants must have pursued *the study of medicine* for at least four years, including three regular courses of lectures in different years in some regularly incorporated medical college, etc." It does not say the "exclusive study of medicine" at all, but simply "the study of medicine." The resolution, therefore, seems to me to be illegal.

Let us see how it works in the Jefferson Medical College. A student of Princeton, Harvard, Bucknell, Brown, and other colleges, of whom we have representatives at present in the College, is admitted to our second year, provided he has pursued certain studies given below. A college man then will have his four years of college education followed by three years of medical study. A non-graduate of a college will have his high-school course and four years in the Jefferson. I need hardly point out which man will be the better trained and better educated man when he graduates in medicine.

To compare his studies preparatory to medicine as required by us in his college course and the studies of the first year in the Jefferson, I have put them in tabular form:

College Studies.	*First Year at Jefferson.*
Human Anatomy.	Human Anatomy.
Histology.	Histology.
Physiology.	Physiology.
Chemistry.	General Chemistry and Toxicology.
General Biology.	Materia Medica and Pharmacy.
Mammalian Anatomy.	Bandaging.
Physics.	Bacteriology.
Zoölogy.	
Embryology.	

We require him to make up the studies of our first year (materia medica, etc.) not included in his college course.

If the studies in the college course, which enable him to enter our second year, are not "studying medicine," as the law requires, then I scarcely think I understand the English language. In fact, I believe that if, for example, the President of Brown University gave a certificate to A. B. that he had "studied medicine" for one year in Brown University, covering the subjects above enumerated, and the Dean of the Jefferson Medical College gave him a certificate that he had "studied medicine" for three years and graduated at the Jefferson, the Board of Medical Examiners would be obliged by law to admit that he was qualified. In a conversation with Dr. Beates, of the Medical Council, the other day, he agreed with me that this would necessarily be the interpretation of the law.

If this resolution of the Council stands, it will necessitate, it seems to me, the introduction into the next Announcement of the Jefferson Medical College of a paragraph, which to me, as a Pennsylvanian, would be humiliating, stating that in consequence of this decision of the Medical Council, students expecting to practice in Pennsylvania cannot have the privilege of entering the second year though they be graduates of a university and have pursued the above studies, but must take four full years in the Jefferson; but that all students, graduates of universities, expecting to practice in other States than Pennsylvania, may be admitted to our second year under our present regulations.

The resolution of the Council is to my mind not only detrimental to the higher education of medical men, but also unjust to the poor student, and, what is perhaps more to the point, illegal, since it does not conform to the medical law of the State.—*W. W. Keen, in the Phila. Med. Journal.*

A New Year's Suggestion from Roentgen's Life.—Roentgen's great discovery illustrates in a striking way the surpassing value of quality as distinguished from quantity in work. It shows the results of the thorough, painstaking investigations of a well-trained man who did not scatter his energies over too broad a field of effort. Here in America we have too little of such work of high qualitative value. Thorough work is not sufficiently encouraged or rewarded. The few men who desire to do scientific work and who go to the expense in time and money of fitting themselves for it, must waste their best years and energies in making a living. The few vacancies in institutions in which investigation and research are possible are too often filled by those whose chief qualifications for the positions are influence and money. Before America can take a high place among the progressive scientific nations of the world we must have more laboratories (like the Pepper Clinical Laboratory), providing opportunity for investigation. There must be more paid assistants in our laboratories and clinics, positions such as Roentgen held in his younger days, positions in which competent recent graduates can work under the direction and influence of scholarly, experienced, enthusiastic chiefs, without having to lie awake nights planning how to meet the next week's board-bill. Fellowships or money of some sort for a decent living and the prospect of promotion after showing ability and willingness to do work, are more necessary to attract studious men who will advance science than showy operating theaters and laboratories. Roentgen first had to have a living and then an opportunity. Are there any wealthy men among us who will in this way most worthily perpetuate their names?

Obligations of Consultants.

Moving as we do, in a narrow groove, going from house to house, where our word is law and few dare say nay, we run great risk of becoming dogmatic autocrats, saturated with the idea that we know it all. I sometimes think it would be fortunate for us and for humanity, as well as science, if every medical case had two physicians instead of one. Then, as in legal cases, where there are always two attorneys pitted against each other, each would be stimulated by the other to his best. Indeed, considering the supernumerary physicians in every community there would be fewer idle ones under such conditions.

Unfortunately for us and for our patients, we as it is, are counsel, judge and jury, and sometimes executioner, I fear. I believe a law should be passed that no capital operation should be performed until at least three to five experienced and well-equipped practitioners shall have passed on the case—the major number to be established surgeons—and no two of them in the same medical college. I believe further that every hospital, private as well as public, should be rigidly inspected by legalized competent authority, and that not only should every licentiate to practice medicine be made to pass a proper examination, but that every practicing physician should have to give evidence every five years of his ability to continue in the work. Unless a physician be especially skilful and dexterous in the handling of tools, the knife, the scissors, the needle and thread—a good mechanic, an artist—he ought not to do surgery of any kind. A good surgeon with a deft, delicate hand, had far better graduate from a manual training school, serve a short apprenticeship to a tailor, a carpenter, a sculptor and a draughtsman, than to have spent years with the classics and delving into bacteriologic lore. John Hunter, Ephraim McDowell, Marion Sims, Lawson Tait, Joseph Price and Robert T. Morris are striking examples of born surgeons, plus work. And, by the way, we may well ask if we are not "stuffing" too much in our four or five years at medical college, and losing much by relinquishing the old-fashioned apprenticeship of three or four years as understudy to a good preceptor.

If these are the requisites for the general surgeon, they are doubly so for the one who does abdominal work. Except in rare cases the general physician should not do surgery, and the general surgeon should not do pelvic or abdominal surgery any more than he should do eye surgery. In sparsely settled neighborhoods, for a little time to come, in emergencies, the physician should be equipped to do anything and everything; but rapid transit is eliminating distance so fast that all will soon be in reach of the special skill of those in large centres; as a matter of fact, there is no reason why the country surgeon, if well endowed for the work, should not with the numerous post-graduate facilities equip himself well for every demand. Lawson Tait, the provincial surgeon of England, Ephraim McDowell and Marion Sims, the country surgeons of America, should stand as examples to all rural workers as to their possibilities. In every community, self-interest and humanity demand that the physicians get together and take stock as to their respective capacities and divide up the work. There is not a section in America today where there is not a liberal supply of physicians, and no man need be so over-crowded as not to do good work. We must all remember that the man in our profession who is in the work for the money that is in it is unworthy. The misfortune is that the numerous "wild-cat medical colleges" of the land, which have inveigled the untutored and ill-prepared from a thousand hills into the realm of medicine, are largely responsible for many evils in our guild.

Unfortunately there are too many who are surgically ambitious, not that they are specially graceful and well equipped along these lines, but the Bob Sawyer spirit in them prompts a love of the chances for the grand-stand appeals to the groundlings—the "vulgar herd" who think that the man who can carve and leave his trail in blood is the really great man in the profession. As a matter of fact, we should realize that this same vulgar spirit of the mob prompts them to idolize the brutal victor in a prize fight or enjoy a hanging, and we should more of us determine to devote ourselves to the less appreciated, but really more skilful field of diagnosis, therapeutics, physiology and pathology, and leave the realm of surgery to the born mechanic-artist, and give him our earnest co-operation and support. I sometimes fear that the prospect of larger fees allures men into the domain of surgery, men whose fingers are all thumbs, and who are as awkward in handling the scalpel as "the Man with the Hoe" would be in wielding the poet's pen, the painter's brush or the sculptor's chisel.

This brings me to the relation of the specialist in internal medicine and the surgeon, which is surely a delicate one. We should demand of the surgeon, if he expects our support, that he be worthy of it by first of all fitting himself by knowledge and experience gained for the work, under master surgeons, and after not less than ten years of general work we should demand absolutely—and it takes ten years to develop a man's special fitness—that he limit himself to surgery. How else can we co-operate? Surely if he accepts our case of surgery sent to him as a surgical expert, he should decline our patients who go to him for medical service, allured by the thought that our reference of cases to him announced his general superiority. Any other course is not honest, but hoggish.

Furthermore, I insist that any patient under the care of a good physician, a good diagnostician, competent to know when surgical interference is demanded, and just and generous enough to give his patient the benefit of expert manual and mechanical skill, still needs the constant care of his physician along medical lines so that he should remain with the surgeon, if he be not in attendance on some infectious disease at the time, the two in conjoint care of patient and equally responsible, no visit to be made—except in emergencies—by either without the presence of the other. The physician is responsible for the diagnosis, for the selection of the surgeon, for the work as done, and is entitled to exactly the same fee as that of the surgeon if his reputation be as great, and larger if it be greater.

Indeed, in all cases, a physician, the same as a surgeon, should charge a fee for attendance, in harmony with the severity of the case, the responsibility involved, the value of the life, the ability of the patient to pay and commensurate with his own reputation. In such cases bills should be rendered synchronously and payments made equally, neither being a preferred creditor The question of commission cannot be discussed by honorable men, but the time has long since passed when the surgeon should deem himself the grand "Poo Bah" and generalissimo of the profession; now such an one runs the risk, very properly, of being considered a "Jack at all trades" and good at none.—*I. N. Love, M. D., in Journal American Medical Association.*

✣

Axis-Traction Rods and the Artistic Use of Forceps.

The proper use of the forceps, speaking generally, combines blind mechanism and adaptable art. The ideal use of the forceps requires that we shall pull in the axis of the plane occupied by the head, that we shall secure proper head application, that we shall make only sufficient compression of the head to avoid slipping of the blades, that during traction we shall constantly note the amount of compression so demanded, that we shall have a finger in contact with the cervix to note its tension and to prevent its laceration, that we shall, knowing that the forceps interfere with natural rotation of the occiput forwards, so keep in touch with the movements of the head as to avoid this tendency, that we shall at all times during tractions be able to stop instantly should the head pass an obstruction suddenly, and that we should avoid mashing the perineum in twain with the shafts, while directing our attention to the head above. No one style of forceps meets all these requirements. That the classic blades of Simpson, Hodge, Elliott and some others would be preferable to the Tarnier forms, on account of their comparative simplicity, if they could be brought to meet these demands, none will deny. Suppose we suggest the following method of using the classic form as the most artistic and scientific, and consider what is wanting that the traction-rod form can render: First, in applying the blades to the fetal unengaged head at the inlet, apply the blades to the head rather than the pelvis, so that when we make traction the insurance will be to rotate the occiput forward; second, that in taking hold of the handles we do not use both hands, that we do not take hold near the outer ends, but that we place the left hand under the handles with the palm up, and pass the index and second fingers in front of the first notch, making all tractions with these two fingers only, and using the thumb and remaining fingers solely to *artistically* adjust the degree of compression, having removed the compression regulator; third, that we place the right-hand palm upon the shafts, just above the joint, so that the downward pressure can be applied by the metacarpo-phalangeal part of the palm, whereby the axis of traction can be brought very nearly parallel with the axis of the superior strait, and the shafts will press more lightly on the perineum; fourth, that we keep the tip of the right index finger constantly against the head during traction, that we may apply compression with the left hand just as needed, and therefore *artistically;* fifth, that with the back of the second finger of the right hand we keep tactile sentry on the anterior lip of the cervix, and *artistically* adjust our tractions to its needs; and sixth, that we have the legs over extended when we begin traction, whereby the perineum will be least liable to pressure from the shafts of the forceps; seventh, that we instantly loosen the blades after each traction, endeavoring to slightly change their points of grasp on the head. Would we not meet *most* of the requirements mentioned above *in most cases?* Artistically used, the classic blades will not interfere with the usual mechanism of labor, but can control its abnormal tendencies. The traction-rod forceps when applied are screw-fastened, and compression, sufficient to prevent slipping, adjusted in advance. Which means that an over-necessary amount must be applied. Traction is made with both hands grasping the handle of the traction-rods. We feel the resistance, and we pull to overcome it. The cervix may be rending apart, but we are pulling in the axis of the superior strait. The fetal head may be slipping from the blades, but more likely there is over-compression. The blades cannot be loosened very promptly following tractions. It is difficult to so pull as to avoid sudden loss of one's balance, if the obstruction is suddenly overcome. Are we far from right when we say that something of the same choice for the classic blades affects the obstetrical artist that the musician feels for the freedom of the open keyboard in preference to the automatic pianoforte?

Mediocrity seeks the assistance of mechanism, and while the highest attainments in commercial productions are obtained by machinery, in surgery art must ever out-rank mechanism. No two surgical operations are ever identical, and mechanism knows naught but exact repetition. The obstetric artist would get better results with Chamberlain's forceps than the novice with the finest Tarnier traction-rod forceps; but the obstetric artist will at times get the best results only with the Tarnier traction-rod forceps.

In the larger part of his work he will prefer, in proportion to his skill, blades that give his skill and judgment most play—an adapted form of the "classic" blades.—*Obstetrics.*

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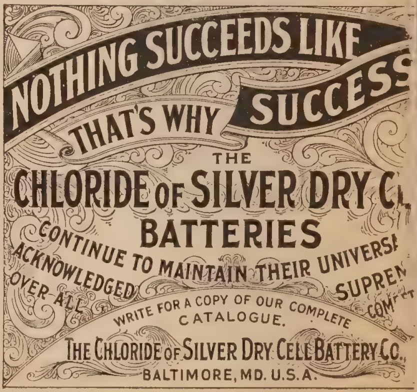
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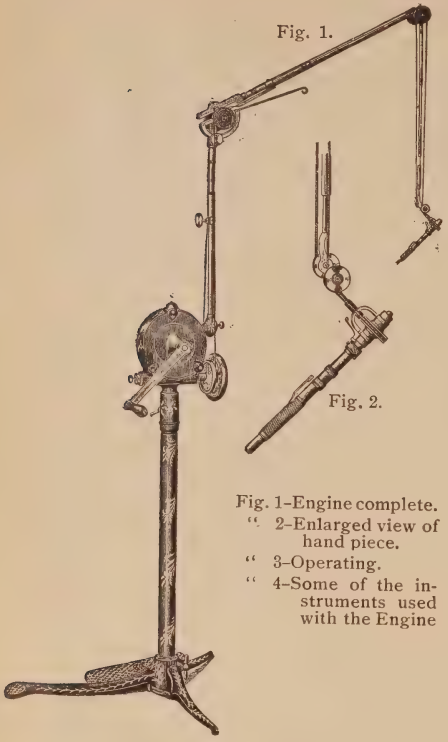

Fig. 1.

Fig. 2.

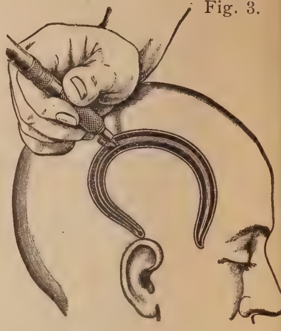

Fig. 3.

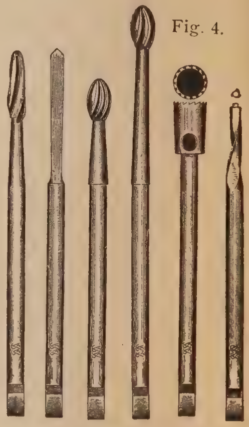

Fig. 4.

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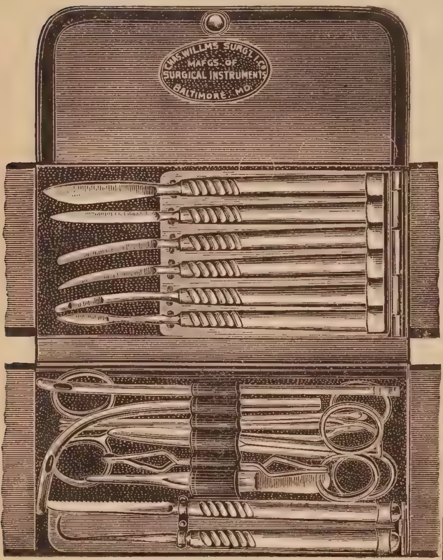
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"AMYLOID"—DEGENERATION OR INFILTRATION?—ILLUSTRATED BY PHOTOMICROGRAPHS.

BY CHARLES H. POTTER, M. D.
Associate Professor of Pathology, Baltimore Medical College.

The reverent Chinaman is not more consistent or persevering in worship of his ancestors than the average author of a textbook on pathology in his reverence for and persistence in clinging to the early theories of the founders of pathology.

The lecturer in this branch of science, for another generation to come, will probably continue to explain that Lænnec's "Cirrhosis" of the liver is not cirrhosis at all, and we shall still lecture on "Amyloid Degeneration," giving its synonyms of waxy, lardaceous, albuminoid, although the latter only be correct, because dear old Virchow gave it the name half a century ago.

It will be well to look at the various textbook views on the subject, then briefly review the minute anatomy of two most frequently affected organs before taking up the pathological histology of a case for study.

We wish just here to acknowledge a debt of gratitude to Dr. Welch for opportunity of consulting several authors not in our own library, enabling us to present briefly the views of many of the leading German and English pathologists.

The first definite reference we find is one of Rokitansky, who, in 1842, gave it the name "Speck. Leber," which is still used by some text books.

The next is Virchow, (1) in an article entitled "On a Substance Discovered in the Brain and Spinal Cord Giving the Chemical Reaction of Cellulose," and in it he refers to an article written by him in 1851, relating to certain amyloid bodies found in earlier studies in zoology. A little later we find this substance referred to by him and others as Amyloid Degeneration, which name it still bears.

V. Recklinghausen (2) classes all under "colloid transformation," but seems to find two varieties of amyloid, one in the cells, the other interstitial, and explains its presence by saying "that out of the cells a homogeneous material proceeds, and by help of the tissue fluids, washed out indirectly by the blood, amyloid forms like lumps of mucin."

Klebs (3) classes all as albuminoid, and believes that an introductory step in the manufacture of amyloid material takes place in the blood, and degredation of cell functions favors the formation of the amyloid in masses, as we find it later.

Orth (4) places amyloid under "hyaline vessel changes, but by possession of such special characteristics as to merit the special name amyloid," and farther on, after combating the infiltration theory, says "the amyloid change takes place under the cooperation of the constituent elements of the blood with a degeneration of the elements of the tissue cells resembling fibrinoid degeneration and coagulation necrosis."

Kaufmann, (5) one of the younger class

of investigators, comes out boldly calling it amyloid infiltration, always interstitial, and says "the connective tissue cells of the vessels form the amyloid substance, which then infiltrates between the cells, gradually pushing them aside and then occupying their places."

Birsh-Hirschfeld (6) speaks of it "as a material containing nitrogen caused by peculiar changes in tissues," giving certain chemical reactions, etc., laying great emphasis on its staining affinities for anilin gentian violet.

Lubarsch, (7) who gives fullest description of various views held, lays great emphasis on staining affinities under proper conditions, but insists that the reactions to a considerable extent depend on the duration of the lesion, the anilin violet reaction belonging to an early stage and the iodine to a later. He also admits the possibility of a gradation of changes from hyaline to amyloid (which we will hope to enlarge upon in a paper on Hyaline Degeneration at some future time).

Ribbert (8) calls it Amyloid Degeneration, and says "it forms itself either as a tissue product, or probably an albuminoid body out of the blood changed to amyloid, because no longer acted upon by the living tissue cells, remaining then in the place occupied by the cells, or possibly combining with the products of the tissue cells."

Thoma (9) says "amyloid shows itself to be among the hyaline substances by its peculiar reactions," and he depends to a considerable extent on the iodine reaction with acids.

Ziegler (10) goes into the subject with his usual vigor, and gives as his definition: "By Amyloid Degeneration we understand a degeneration originating in the connective tissue apparatus of the blood vessels, by which an albuminoid body is deposited in the affected part, so that the tissues concerned take on a peculiar glass-like homogeneous appearance," and, according to his view, the cells of blood vessels are mostly concerned, and the protoplasm becomes filled with the amyloid material; the living tissue cells remaining exempt from the deposit. From the physiological standpoint, he says "the amyloid substance does not exist in the blood, but the material out of which it is manufactured springs from the blood," admitting the possibility that "under certain conditions an albumin out of the blood, serum albumin, unites itself with the tissue substance, and that in consequence of lowered nutrition and the disturbances of metabolism, this peculiarly modified albumen is separated out from the albumin in the circulation."

Among the English pathologists, Hamilton (11) calls it "wax like," and says it is "the infiltration into an organ or tissue of a peculiar foreign and solid substance, having a composition identical with albumin." He speaks of the chemical reaction with iodine, but thinks the blue color resulting after treatment with acids to be due to some impurity, such as cholestrin.

Woodhead (12) calls it "waxy," and says "it is difficult to determine whether this is a true degeneration or simply an infiltration, as it appears to depend upon two sets of conditions: (*a*) Changes in the connective tissue elements, especially connective tissue fibrils and basement membranes; (*b*) an infiltration of these with certain unknown proteid materials, separated apparently directly from the blood in patients in whom caseation and chronic suppurative processes are going on."

From the standpoint of physiological chemistry, Neumeister (13) says it belongs to the albuminoids, not found in the normal organism, belonging to the albumins, but seldom pure albumin. Certainly not a carbohydrate, gives Xantho-proteic and Millon tests, dissolving in strong alkalies, but not so easily in organic and mineral acids.

A summary of the cited theories will

show several facts: 1st. No one claims that the actual parenchyma cells of any organ are involved in the process, or that the substance is deposited in these cells. 2nd. All seem agreed that the blood itself and the subendothelial layer of the vessels are involved in the process; and, 3rd. All recent authorities agree as to the material being albuminoid, not starchy.

As to the color reactions, which may be performed in various ways, there seems to be some disagreement, and Lubarsch's view, given above, probably expresses the conservative opinion. Its general occurrence in the class of diseases known as infective granulomata, especially tuberculosis and syphilis, would seem to show a toxic condition of the blood, and Krakow (14) claims it to be due to absorption into the blood of products of bacteria, having produced it by repeated injections of a filtrate of B. Pyocyaneus into the tissues of a rabbit. Other experimenters have produced it by injection of the pyogenic micro-organisms direct.

It has also been found in Hodgkins' disease and malignant tumors.

There is a peculiar significance in the minute anatomy of two organs most often affected, viz., the liver and kidneys, both being what we may call specialized circulations—the liver's arterial blood supply from the hepatic artery, according to recent authors, supplying the middle zone of liver cells in the lobules of the organ, but the vast volume of blood being in the portal system on its return from the intestines and spleen, then splitting up and permeating the lobules of the liver until each liver cell is touched by it on its way through to the branches of the hepatic veins, to go into the cava inferior.

In the kidney the renal artery gives off its first supply, after leaving the arterial arch, to the arteriæ interlobulares, and then by the arteriæ glomerulorum to break up within the capsule of Bowman into a large number of convoluted capillaries, leaving the glomerulus, smaller than the artery.

So that we may draw certain inferences from the study of the location of the foreign deposit and the minute anatomy of these two organs, in which the blood supply of the parenchymatous cells is almost identical, because in most instances the foreign material is found just where these capillary net-work of vessels are in most intimate connection with the cells of the organ itself, viz., in the outer and middle zone of the lobule of the liver, and in between the vessels in the glomerulus of the kidney. In some kidneys we find the foreign material also in the coats of larger vessels, but only when in the last stage, after the glomeruli are filled up.

If the infiltration theory be right, we should expect to find these masses of foreign material just where we do find them—in both of these organs.

The spleen we leave for the present, as we hope to present it as showing combinations of so-called amyloid and hyaline degeneration, when writing on Hyaline Degeneration.

Studying these two organs in a case of tertiary syphilis, which we were privileged to work out with the late Dr. Livingood, at Johns Hopkins Hospital Pathological Laboratory, we find the following at autopsy: Gumma of the epidiymis, syphilitic cirrhosis of liver, marked amyloid liver, spleen, intestines, kidney, and testicle, with general obliterative endarteritis, also beginning chronic diffuse nephritis of interstitial variety.

Liver.—Chronic perihepatitis adhesions to diaphragm; bands of connective tissue running around the surface, giving lobulated appearance, and compressing it considerably.

Weight—2150 grams.

Consistency—Hard and glassy on section; lobules quite distinct.

Color—Yellowish red, with bands of lighter connective tissue running in some distance from the capsule.

Kidney.—Capsule drawn in by connective tissue in areas, and firmly adherent.

Weight—220 grams.

Consistency—Cortical portion harder than usual.

Color—Paler than normal, especially in labyrinth; distinct pyramids; malpeghigian bodies invisible.

With the higher power (No. 7 Leitz), beginning at the periphery of the lobule, we note the endothelial cells of blood vessels just at the margin of the lobule, but they cannot be traced into the lobule between the rows of liver cells, their place being filled by the invading material.

There seems to be a slight round cell infiltration, suggesting an interstitial hepatitis, beginning on account of the irritation of the foreign body.

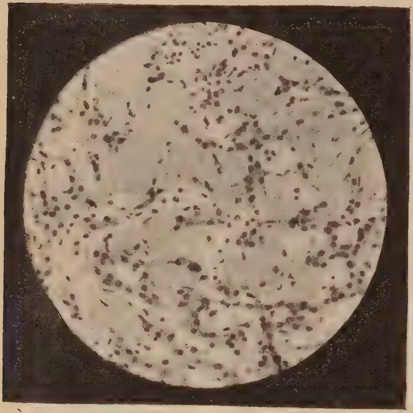

Fig. 1.—Amyloid Liver.

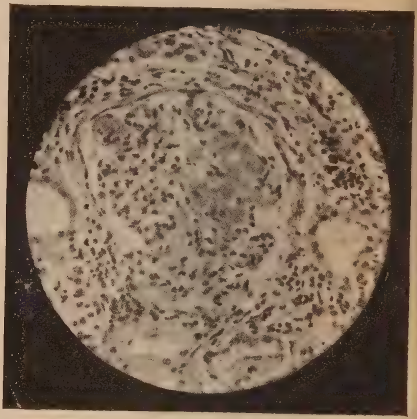

Fig. 2.—Amyloid Kidney.

Photographed by CHAS. H. POTTER, M. D.

Microscopic Appearance—Liver.

Selecting an area with low power (No. 3 Leitz) objective, where the lobule can be plainly mapped out by portal spaces in the periphery, and the intra-lobular vein at the centre, we note that the middle zone is filled by amorphous masses, running in certain channels like rows, and taking a light pinkish yellow stain with H. and E. and running with a sort of uncertain arrangement are nuclei of liver cells, taking the hæmatoxylin stain a little more deeply than usual.

Toward the centre of the lobule there is quite a definite arrangement of liver cells.

It should be noted that there is a marked chronic perihepatitis, but we select a part not so affected, in order to simplify our study, confining it to the subject of this paper.

Studying the invading substance, we note that it has taken the mould of the intralobular capillary net work of vessels in every case, sometimes in a perfect ring, where such vessels were cut transversely, but more often resembling long, slender plugs of homogeneous consistency, following the tortuous curves of the net work of vessels between the liver cells on their way toward the centre.

Here and there the capillaries seem to be untouched, and contain a few red blood corpuscles, but this is the case in only a small area, other portions showing no clear spaces between the liver cells, but every space filled by these pinkish plugs, with only a few nuclei of liver cells at intervals.

The liver cells even farthest away from the invading substance show decided signs of degeneration—granular protoplasms, swollen nuclei, and in some cases fatty changes.

The central vein is empty; its endothelium and slight connective tissue framework are visible.

Stained with anil. gentian violet, decolorized with 25 per cent. acid alcohol, we find but little to add to our picture, the invading material taking a deep pink, almost rose color, the tissue cells an indefinite blue.

Kidney.

With the low power a certain amount of distortion of the histological elements of the organ is seen as the result of the interstitial nephritis, but the glomeruli stand out everywhere sharply as dull staining pinkish balls.

The cells of the tubules show marked degeneration, in some areas quite denuded, and only the connective tissue framework showing.

Wishing to confine ourselves to the lesion in question, we will not note the interstitial or vessel changes, except as concerns the glomeruli.

High Power.—Comparing the Photomicrograph, Plate I, Fig. 2, we note the degenerated renal tubules on either side of the glomerulus, and a slight small, round cell infiltration, immediately surrounding the outside of the capsule of Bowman.

The cells composing the capsule are in good condition, nuclei taking the stain sharply and clearly.

The convoluted capillary network of vessels are made out quite clearly on the right of the picture, a single clump of the invading material being visible on the extreme right, but on the opposite side of the glomerulus a very different condition exists, dense masses filling the field, the few tissue cells pushed aside.

There is a suggestion of moulding of the mass in some places to pre-existing tissue structure, but not so definite as in the lobules of the liver. At one place a ring-like mass exists, as if suggesting a transverse section of one of the capillaries. No blood corpuscles are visible.

In conclusion, may we not take a middle course between the opposing views, and imagine a weakened vessel wall (as in the stage of pneumonia, when the alveoli are flooded with fluid constituents from the vessels running in the alveolar wall), possibly the cement substance affected, with a degraded form of blood serum caused by long processes of caseation and bacterial products?

The photomicrographs are of tissue hardened in alcohol, stained with hæmatoxylin, and photographed as follows:

Kidney.—Spencer, 1-2 inch dry objective, Zeiss No. 3 Proj. Ocular, camera length 730 mm., about 180 diameters.

Liver.—Spencer, 1-2 inch dry objective, Zeiss No. 3 Proj. Ocular, camera length 730 mm., about 180 diameters.

BIBLIOGRAPHY.

(1) Archiv. fur Pathologische, Anatomie und Physiologie, VI. 1854.
(2) V. Recklinghausen.—Allgem. Patholog. des Kreislaufs. 1883.
(3) Klebs.—Hdbh der Allgem. Pathol.
(4) Orth.—Pathol. Anat. 1893.
(5) Kauffmann.—Speciel Pathol. Anat. 1895.
(6) Birsh-Hirschfeld.—Lehrbuch der Pathol. Anat. 1896.
(7) Lubarsch and Ostertag.—Ergebnisse der Allgem. Pathol. Anat., Vol. II. 1895.
(8) Ribbert.—Lehrbuch der Pathol. Histol. 1896.
(9) Thoma.—Lehrbuch der Pathol. Anat. 1894.
(10) Ziegler.—Pathol. Anat., 9th edit. 1898.
(11) Hamilton, D. J.—Text Book of Pathol. 1889.
(12) Woodhead, G. Aus.—Pract. Pathol. 1892.
(13) Neumeister.—Physiolog. Chemie. 1897.
(14) Centralblatt fur Allgem. Pathol. 1895.

A METHOD FOR STAINING UNDECALCIFIED BONE.

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It has ever been the aim and desire of the Histological Department to present the subject before the students in such a manner that he will readily comprehend it; and, furthermore, to furnish only such tissue and organs as we, after careful study, find to be typical in every detail, avoiding the comparatively unimportant facts which are of main interest to the specialists, and ever directing attention to those salient facts which must be part of his equipment, tending towards a well-laid foundation in this important branch of medical science. The many different methods of staining tissue that we have at our command in these advanced days, only emphasize the crying need of the early investigators for such aids.

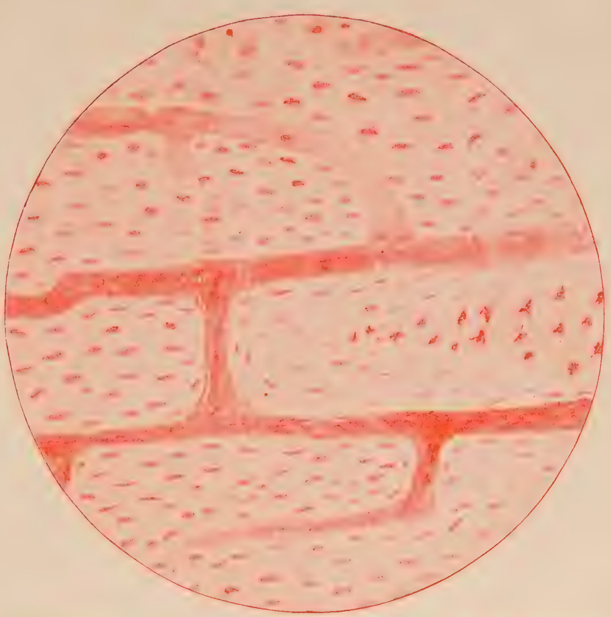
For us it is hard to picture them, toiling day after day, with such obstacles as they had to overcome; patiently, but surely, laying the great foundation for one of the most exact of the existing sciences. Not many years do we have to recall when such an instrument as the microtome was utterly unthought of, and the best section cutting instrument was a razor. What an advance there is today, with instruments of mathematical preciseness and accuracy, in which sections of most delicate tissue can be cut. every one of the same thickness, to say nothing of such an instrument as the freezing microtome. Then I might dwell at some length on the crude methods of embedding, which have been replaced by better, more cleanly, and more accurate ones, until the methods now used are considered to admit of no further improvement for some time to come.

But it is along the line of tissue stains that the greatest work has been accomplished. These different methods have brought the study of Histology to its present exactness. Among those who have labored in this field, and to whom a lasting tribute is due, may be mentioned such names as Ehrlich, Ranvier, Von Giessen, Loeffler, Weigert, and others.

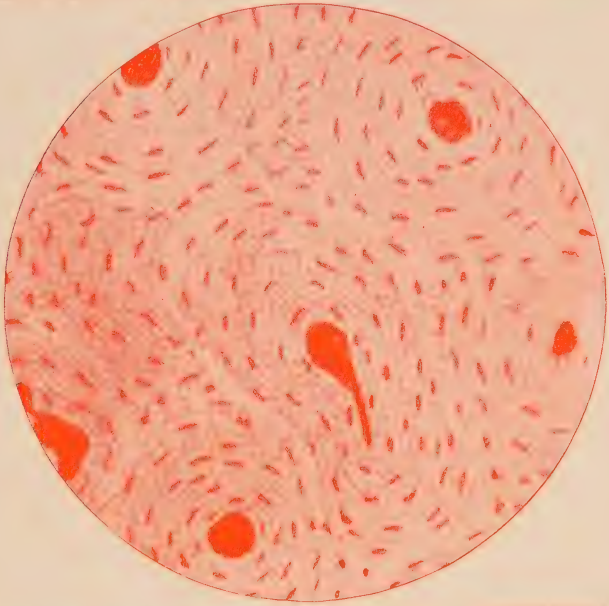
It is not my intention to dwell further along this line, but to come to the main point of this article. I will state, that after careful research, I have been unable to find any record where sections of bone in the undecalcified state have been successfully stained in a manner to bring out every detail for proper study. On the other hand, various methods are employed to stain decalcified bone; but when bone is acted upon by a solution of hydrochloric or nitric acid (as in the decalcifying process), the mineral matters will be dissolved, and the organic matter left. This removal of the mineral matters is what interferes with the structure of the bone, and renders it not so typical for study.

Clarkson, of Edinburgh, in his latest book, gives a method for staining undecalcified specimens, which is as follows:

First the bone must, as he states, not be light and dry, but rather heavy and solid, containing enough organic matter to cause the reduction of the silver salt. A section is made with a fine saw, as thin as possible. The piece must next be ground down to the requisite thinness, and stained with one per cent. solution of silver nitrate. The two processes can be carried on simultaneously. It is well to use two stones, a rough and a smooth one; the rough, in order to get the section rapidly reduced in thickness, the smooth to complete the process more carefully. Pour a few drops of a one per cent. solution of silver nitrate on the first stone, and commence to wear down the bone by moving it rapidly beneath the tip of the fore finger. This is continued



Longitudinal section of the femur, showing Haversian canals with free anastomosis. Lamellæ, canaliculi and bone corpuscles.



Transverse section of femur showing Haversian systems. Interstitial systems. Lamellæ, canaliculi and bone corpuscles.

upon the smooth stone; when the proper thinness is attained, the bone is thoroughly washed and dehydrated in absolute alcohol, cleared with clove oil and mounted in balsam.

He further states, as in other cases of silver nitrate staining, there is a little uncertainty in the result.

This uncertainty in Clarkson's method, as in others, coupled with the difficulty always observed when the classes were studying bone, led me to begin a series of experiments, which, after a number of weeks of varied success, brought out the method that we now use in our laboratories. It is as follows:

First select a bone rather light and dry; this is cut into suitable sections by a fine saw; and then begins the process of reducing it to the requisite thinness. This is done, first, by filing it with an ordinary triangular file, and finishing by wearing it to the very finest possible thinness, on a smooth stone. The prepared specimen is then immersed in 95 per cent. alcohol for about fifteen minutes, to cleanse it, as far as possible, of fat and other extraneous matter. It is then placed for twenty-four hours in a modified solution of carbol-fuchsin, the formula for which is as follows:

Fuchsin	1 gram;
Carbolic Acid Solution (5%).	80 c. c.;
Alcohol (95%)	20 c. c.;
Distilled Water Alcohol (95%)	equal parts to make 300 c. c.

Wash in water.
Acid Alcohol ten to twenty minutes.
Wash in water.
Alcohol (95%) twenty to thirty minutes.
Creosote (Beechwood) five minutes.
Mount in Balsam.

Under the low power can be seen the peripheric lamellæ on the outside, and the peri-medullary on the inside of the shaft, and between the two, forming the greater part of the bone, the Haversian systems and intermediate lamellæ are observed. The Haversian canals appear not as open canals, but are stained very deeply, due to the material forced into them during the reducing process (filing, etc.).

Under the high power the parallel arrangement of the lamellæ, in the different systems, and the position and shape of the lacunæ and canaliculi are beautifully shown. And the free anastomosis between the canaliculi of neighboring lacunæ is very apparent. And last, but not least, the bone corpuscles which are found in the lacunæ are clearly stained, and are seen with their protoplasmic projections extending into the canaliculi.

*NOTES ON TWO CASES OF LARYNGEAL NEUROSES.**

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Case 1.—Mrs. O. H., widow, tall and rather slender, age about 63 to 65, native of Baltimore, was referred to me by Dr. Samuel T. Earle, of this city, is a woman of culture and refinement, and has lived in affluence and ease most of her life, but had met with some reverses of fortune some years before, and her physician told me that for years past she had been in poor health and was somewhat of a neurasthenic, but was never hysterical.

About three weeks before she came under my care she was seized with an acute laryngitis with aphonia. Dr. Earle applied the usual remedies, but finding the patient got no better, sent the case to me. On examination, the pharynx was highly congested, reddened and hyperesthetic. It was with great difficulty after several visits that I got a view of the larynx, partly owing to the overhanging epiglottis, but principally on account of the morbid irritability of the pharynx. Cocain in this case seemed to have little effect. A good view, however, of the larynx about the fourth visit was secured, and laryngitis was seen to be present, yet not reddening the cords throughout their entire extent, but an image was revealed, showing that I had to deal with a paralysis of the arytenoideus muscle. The cords from the thyroid angle to the vocal processes were properly approximated on attempts at phonation, but the characteristic triangular space between this point and the posterior commissure left no room for doubt as to the diagnosis. The phonative waste which Von Ziemssem first appropriately called this loss of air in this form of laryngeal paralysis on phonation, was well marked.

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*Read before the American Medical Association.

The treatment at first was directed to the cure of the laryngeal inflammation by means of the usual local sprays, and later, strychnia in increasing doses and electricity were used—the faradic current locally and occasionally generally—for the cure of the neurosis, or stimulation of the recurrent nerve.

From February 6 to April 20, the patient came to see me on alternate days, generally, and by this latter date the normal color of the pharynx and larynx had apparently returned, and yet the characteristic triangular space, the aphonia and phonative waste, were all unchanged. I decided now to send the patient to the seaside; she accordingly went to Atlantic City, and remained there several weeks, when she returned and again reported at my office—"no better." The laryngeal image was in *statu quo*.

As the inflammation, as far as I could determine, was gone from the larynx and not the least improvement in phonation had taken place, I was inclined to give an unfavorable prognosis. In the meantime local treatment, strychnia and electricity, were resumed, and on June 14, six months after the beginning of her aphonia, I sent her to the country for the summer with no better voice than when she came under my care. I told her family I feared she would never fully regain the use of her voice. In this I was mistaken; about the middle of August she suddenly regained it, and it has remained unimpaired up to this time.

Was this a case of paresis from acute laryngitis, penetrating into the deeper structures causing pressure on a branch of the recurrent laryngeal (the most usually assigned cause of this neurosis), or was there an hysterical element present also? That the acute cold was the exciting cause there is no doubt whatever, and it is not impossible that continual pressure on the nerve-twig supplying innervation to the arytenoideus, had left the nervous energy so weakened, even after the entire disappearance of the inflammatory thickening, that a prolonged stay in the country was necessary to building up the tone of the entire nervous system before the twig could be excited into activity.

Sajous says this form of paralysis occasionally results from hysteria. Ingals says it most frequently results from acute or subacute laryngitis.

Lennox Browne says this form of paralysis may be seen in acute catarrh, and it is a question whether this and some of the temporary paralyses may not be due to inflammation of the small glands which are situated around the terminal branches of the recurrent nerve.

Bosworth cites three cases reported by Proust—one due to incipient phthisis, one to hysteria, one to catarrhal laryngitis, and one by Johnson due to diphtheria. He further says that hysteria was the assigned cause in cases reported by Mackenzie, Luaga, and Duncan, and Von Ziemssen has observed a case which followed directly upon cold.

This last case is *one* of only *two* mentioned in his (Bosworth's) work as having acute laryngitis as the cause. In looking over six authors I found this to be the most commonly assigned cause. But I did not find any reference made to the possibility of this dual causation, both factors acting at the same time.

My case was clearly due to acute laryngitis, but its failure to get well after all laryngoscopic traces of laryngitis had disappeared, and the sudden restoration of the voice months afterward, points to an hysterical etiologic element, which greatly delayed recovery. Knowing that acute laryngitis ushered in the aphonia, my efforts were at first all directed to the cure of the former affection, which yielded completely so far as laryngoscopic appearances could establish this fact; yet failing signally to relieve the aphonia after the very apparent cause had been removed and strychnia and electricity doing no good, I gave an unfavorable prognosis, which naturally distressed the patient and her family not a little. Had I suspected that hysteria was a latent etiologic factor, it is very probable I could have restored her voice at any time after the laryngitis disappeared.

Case 2.— Mrs. D., married, age about 50, mother of four children, consulted me January

16, 1898. I learned that in the previous November she had suddenly lost her voice without any premonitions except the "rising in her throat of a lump or ball the size of a large marble." From this time on, she had been unable to speak except in the whispered voice.

The laryngoscope revealed the characteristic laryngeal image of unilateral adductor or recurrent paralysis of the right side. On attempted phonation the left cord went beyond the median line and near its fellow, but not sufficiently close to produce more than the whispered sound on attempted phonation.

The patient was very despondent, and often shed tears over what she considered her hopeless condition, and all assurances on my part that she would regain her voice were met by a shake of the head and tears.

I felt sure of her ultimate recovery and assured both her and her husband, who is a prominent clergyman of this city, that I had no doubt of restoring her voice. The husband was easily convinced, but all my assurances failed to produce any impression upon her, and in consequence all my remedies—applications, sprays, electricity, etc.—utterly failed to give relief, for you must all agree with me that the case was one of hysterical aphonia.

This being the first case of unilateral paralysis, of clearly hysterical origin, that I had ever seen, I was anxious to verify the diagnosis, by curing the case so promptly that no doubt would be left as to its etiology. In this I was disappointed, as I have before indicated. She remained under my care until warm weather, when she was sent to the mountains, and after a month or more her voice returned as suddenly as it had disappeared, thus confirming my diagnosis.

When she returned to the city in the fall, she came to see me, and a surprise awaited me when I made a laryngoscopic examination. I found the right chord still in the cadaveric position and the oblique glottic space and over-riding left arytenoid on phonation (the same image) that of right adductor or recurrent paralysis—only the left chord now came close enough to its fellow for the purposes of phonation. She now made known important information, which she had withheld from me, fearing it would influence me, and cause me to give an unfavorable opinion at her first visit. She told me that seven years before, she had consulted an eminent specialist of this city, who had diagnosised paralysis of the chord, and told her she would never get well. This had preyed on her mind, and she confessed it was the chief cause of her incredulity to all my promises of cure. During the seven years, and up to November, 1892, (when her voice suddenly left her entirely) she had simply impairment of the voice, but could always use it in ordinary conversation—it had neither gotten better nor worse.

The case was now clear—I had to do with a case of hysterical paralysis, engrafted upon a long-standing case of unilateral adductor paralysis. As soon as the hysterical element had spent its force, a restoration to the condition induced by unilateral adductor paralysis was effected. I had a view of her larynx recently, and the laryngeal image is still unchanged. Her voice is fairly good for conversational purposes, but when she talks much she feels a tired sense in the muscles of the left side, due to strain on the adductors in carrying the left chord beyond the median line.

It may be interesting to cite the opinion of several prominent authors as to the etiology of unilateral adductor paralysis before closing the notes on the case.

Sajous, p. 366, says: "That adductor paralysis, bilateral or unilateral, can be due to pressure on the recurrent laryngeal nerve, without involving the other muscles of the larynx supplied by that nerve, seems to be very doubtful." While Ingals, p. 503, says: "Unilateral adductor paralysis is caused in most cases by pressure upon the recurrent laryngeal nerve, by eneurysm, tumor of the neck, cancer of the esophagus, etc., and not infrequently by hysteria."

Bosworth, p. 665, says: "I have never seen a case in which I felt warranted in making a diagnosis of this form of paralysis." He thinks it extremely difficult to differentiate the affection from unilateral recurrent paralysis.

Lennox Browne, quoting Mackenzie, says of unilateral adductor paralysis: "This rare condition may be due to chronic toxemia, lead, arsenic, diphtheria, etc.; may result from cerebral disease or may be caused by cold, or muscular strain; and is met with after smallpox, in constitutional syphilis and in phthisis."

McBride's edition of 1892, says: "Pareses confined to the muscles which close the glottis are usually, if not always, due to functional changes in the nervous system, of which we may consider hysteria as the type." In support of this opinion he cites Semon and Horsley's experiments, where unilateral irritation of the corticular area in the brain, of adductor movements, produced bilateral adduction; but unilateral extirpation of the area produced no effect. "Having had access," he says, "through the kindness of Dr. Semon, to the manuscript of the work (then in preparation), I feel inclined to doubt whether any incontestable evidence can be brought forward as to the existence of laryngeal paralysis, due to organic changes affecting the adductors alone." He further says: "From the experiments of Semon and Horsley, it is extremely doubtful whether there is any organic lesion which can produce unilateral paralysis of adduction."

It seems to me that my case, if it proves anything, proves that there was an organic lesion acting for seven years, when a functional disturbance was engrafted and that the cure of the latter had no appreciable effect upon the former. This tells against Semon and Horsley's experiments, as interpreted by McBride, and rather supports the older etiology.

A singular and interesting fact in connection with the recovery of the voice in this case, I learned recently, and I mention it because I have never seen any reference to the like in literature.

When she regained her voice it surprised her as much as it did her auditors. As she expected to speak in a whisper, as had been her wont for eight months, she was greatly frightened at the sound of her own voice, sent for her husband, and in the midst of tears told him that she knew she was going to die—that this was a token. Her husband laughed her fears away, telling her the doctor had told her she would again be able to talk. Now comes the interesting phenomenon: after having conversed in a whisper for eight months, on recovery of her voice, it was *impossible* for her to whisper. She tried repeatedly, but each effort to whisper resulted in distinct phonation and clearly articulate speech.

The conclusions which, I think, clearly follow from the notes on the above cases are:

1. That we may have a paralysis of the arytenoideus muscle, due to the most usual cause, viz., acute cold, recover suddenly—just as hysterical cases recover—hysteria being a probable factor delaying recovery.

2. That we may have hysterical aphonia supervene upon an old case of unilateral adductor paralysis, where only weakness of the voice was present, leaving the voice only slightly impaired from the old lesion, the latter being still in force and unaltered as shown by the laryngeal image.

3. That authors differ widely as to the etiology and even existence of unilateral adductor paralysis, and that this field is a legitimate one for investigation, if for no other reason for the sake of rational and in consequence more successful therapeusis.

4. That as long as diametrically opposite views are held by such authors as I have quoted, concerning its etiology, students

will be confused rather than taught by the multitude of contradictory statements.

5. That the greatest care should be taken before making a positive diagnosis in all cases of neuroses of the larynx, as the chances of error are numerous, and downright mistakes harmful in many ways.

843 North Eutaw street.

* * *

CLINICAL LECTURE ON STRANGULATED HERNIA—EXCISION OF GUT.

BY ROB'T W. JOHNSON, M. D.,

Professor of Principles and Practice of Surgery,
Baltimore Medical College.

GENTLEMEN :

A more instructive case could hardly have presented itself for your consideration than the one now before you, inasmuch as it is just the very kind of emergency that you may be called on to face in the first week of your practice, where failure to make a diagnosis or to recognize the conditions may stamp you as ignorant, and culpably so, while the successful outcome of just such an operation may be the beginning of your success and your career, especially if you practice in a country district, where all operations are considered more or less public property. I say your success may date from this first experience. The patient on the table taking ether is a colored man about fifty-four years of age, who has suffered with a hernia for some years, but has never before sought surgical help, as he has been able to reduce the gut whenever down, and to keep the hernia in place by a truss, until yesterday noon, when, at work lifting, quite a large amount of intestine descended, and in spite of the experience he has had in auto-reduction, he was unable to get it back. Last night he began to vomit, the pain in his tumor increased, and this morning he was brought into the hospital from the country, and we found a tumor in the right side of the scrotum about the size of a goose egg. Taxis was again tried for fifteen minutes, but, that failing, even in Treudelenburg's position, he was informed that an operation was necessary to save his life. On gaining his consent, the field of operation was prepared in that thorough way which it is now needless to rehearse, after your careful study of technique given with so much detail in the earlier months of your course. He was promised that taxis would again be tried under ether, and if it failed, the operation would be gone on with. It is not uncommon to find that under the relaxing influence of ether, as well as the deep inspirations that accompany the late stages of anæsthesia, the gut, that is apparently incarcerated, will return with that distinctive flop so grateful to the ears of the conservative surgeon. Now that he is in that stage, we will elevate his heels, letting his body and head tend downwards. But, as you see, there is no diminution of the tumor; no grumbling of returning gut; all is as fast as before taxis; the operation alone remains to relieve him. When you look forward to the possibility of a herniotomy in such a case, endeavor to make one etherization do for the whole performance, so that when taxis fails you can go ahead with the operation. A great deal has been said, and much time spent in learning the coverings of hernia in the dissecting room and in your course in anatomy. It is very well that you should learn them, but when you come to the clinical table or are operating yourself, you will find that you can not afford the time to do such fine dissection, as with these cases, especially when the gut has been gripped for hours, it is vastly more important for the patient that you relieve the stricture than that you recognize those layers so prominent in your surgeries.

We shall now make a good, long incision over the tumor, running well up toward the anterior superior spine, and well down to the middle of the prominence. Do not be afraid of long incisions. You must be able to recognize the sac and the gut, and, when it is possible, to see the constricting band. Having gone through the skin and caught up any bleeding vessel, which will probably be checked by the pressure of the artery forceps, let us make our way cautiously toward the sac under the safe guidance of the grooved director, a most useful instrument, in spite of the rather inappreciative tone Treeves takes about it. Here is the sac at last. Following up the neck of the sac and inserting one finger beneath the upper edges of the rings, we find that though fairly tight, there is not enough constriction to prevent the reduction of the gut, so that we must look elsewhere for the hindrance. In other words, it is obligatory to open the sac, which in preaseptic days was to be avoided whenever possible, but now practice routine when there is the least doubt as to the vitality of its contents. It is well we did open it, for had we been able to reduce the hernia either by taxis before the incision or afterward, the result would have been disastrous. For what presents itself to your view now that the sac is laid open? First, you will notice the escape of a dark, ill-favored fluid—the serum contents of the peritoneum forming the sac; but, more conspicuous, you will see a coil of gut, almost black, with lack-lustre coat, and, what I wish you very especially to notice, those ashy spots on the surface of the intestines. Here we are so fortunate as not to be left in doubt as to the proper course to pursue. There is no question that this gut has been so constricted in the last twelve hours that it is dead, gangrenous, and if left a few hours longer, we should have found the fecal contents of the gut extravasating through these very ashy spots, and where we had opened the sac we should have been greeted with feces actually at large. I say, fortunately, the condition precludes any idea but resection of the gut. You will find, as you operate, cases will get just on the border line between life and death. You may be anxious to avoid a resection of the gut, and many bad-looking cases recuperate when once the stricture is removed and the balmy influence of the blood reaches them in the re-established circulation; but do not err in a too conservative view. When you are in doubt, resect, as with modern methods resection offers a better outlook than the return of gut that may fail to hold together. We shall, therefore, release the stricture which existed, in this case, at the neck of the sac, pull more gut down until we have healthy neighbors to this gangrenous loop, and then clamping off the gangrenous gut with a margin of healthy intestine, we proceed to excise the gangrenous loop entirely so far outside of the abdominal cavity. Now, having cut off with scissors this loop of five inches of dead gut, together with a V-shaped excision of its messentery, we proceed to whipstitch with fine silk and needle the raw ends of the remaining messentery to prevent hemorrhage, and, inserting this most useful and ingenious Murphy button into the open intestinal ends, previously puckered by a sphincter stitch — I say, having introduced the two halves of the button, we bring the ends of the gut together, and the click of the button, as its sides go home, show that the junction is made. Now, having taken away the gangrenous gut and thoroughly washed away, as far as possible, all infective matter with salt solution, we reduce the gut into the adbomen, taking care not to exert too much pressure in doing so, but enlarging the rings so the button can pass easily. The sac is now pulled down, tied high up, cut below the ligature, and fastened to the inner side of the internal ring, thus putting a cork on the inside of the bottle neck. The rings and canal are obliterated as far as possible by wire (silver) sutures, all clots removed, and the skin incisions joined by a buried silver wire suture. The condition of the patient, suffering considerably from shock, precluded the longer and more satisfactory radical cure of Bassini and Halsted, so that we were compelled to economize time by the Barker method. The patient is now dressed in the antiseptic method so familiar to you by this time, and the parts well supported by spicas of the groin. He will be put to bed, kept there for four weeks, the dressing not being changed unless the thermometer indicates, before the buried suture is removed, 2nd to 3rd week. His diet will be nothing but rectal enemata for some days, when we shall gradually return to his usual fare—via liquids and soft food. We shall expect to see the button in two weeks or ten days, and you may rest assured that in this case, as in all our clinical work, you shall either see the patient himself well, or such selection of him, if dead, as may throw light on the subject.

This patient made a most satisfactory recovery, the button being delivered by Dr. Lumpkin, who found it hiding in the rectum, during the third week of his convalescence. He was operated on January 4th, and left the hospital February 21st, 1900.

* * *

ODONTALGIA—PERICEMENTITIS.

BY WM. A. MONTELL, D. D. S.,

Professor of Dental Pathology, Dental Department, Baltimore Medical College.

The pericementum, or membrane holding the tooth in its alveolus, is liable to all the pathological conditions which assail the periosteum of bone, and from its environment is peculiarly susceptible to inflammatory conditions, which, once established, are perpetuated by invasions of the numerous micro-organisms of the mouth. Its name indicates its location, for wherever the cementum of the tooth is, there will be found this membrane, through which it receives its blood and nerve supply; and as the entire root, and even the foramen at its apex, is coated with cementum, exterior to the dentine, its intimate relation to the dentine, as well as the cementum, is easily seen, and many of its most intractable morbid conditions have their origin from the interior of the tooth as a sequel of inflammatory conditions of the tooth pulp.

Likewise, having the same relation to the alveoli of the maxillaries, serving as periosteum to those bony sockets, it partakes of all conditions arising from or pertaining to the alveolar processes, and being incased between the bone upon one side and the tooth upon the other, becomes exceedingly painful when the seat of vascular disturbances. As required by its functional necessities, it possesses a wealth of vascularity and nerve supply, and it is through this membrane that the dental organ receives its arterial and neural tissues, and as the circulation of the pericementum is received from two sources, viz., the direct branches which reach it by way of the dental foraminæ, and also by the anastomosis of its vessels with those of the gums and periosteum.

It serves as the touch organ of the tooth, its nerves possessing the sense of location unlike those of the pulp, which are apparently unable to correctly determine the exact seat of irritation, its tissues are ligamentous in character, and its fibres have a peculiar arrangement, passing obliquely from the alveolar walls towards the apex of the root and attaching themselves to the cementum at a point deeper than that of their origin, thus affording a power of resistance to the various strains upon the tooth and at the same time presenting the elasticity so requisite, permitting an appreciable movement of the tooth in its alveolus, which movement is claimed by many anatomists to be an important adjunct, by its pumping effect, upon the local circulation. The cementum of the tooth maintains its vitality so long as its periosteum, the pericementum, is intact, and it is due to this fact that a tooth, whose internal organ, the pulp, has been devitalized and removed, may yet be comfortably retained and supported in its place.

The numerous nutritive and functional disturbances of the pericementum may be grouped according to their causes into septic and non-septic, and while most of the acute and chronic degenerations of the membrane are accompanied by evidences of inflammation, these phenomena are not evinced in all the affections of the structure.

The most convenient clinical classification is afforded by dividing the diseases of the pericementum into three classes: First, those beginning at the apex of the root; secondly, those beginning at the gum margin; thirdly, those beginning at some intermediate portion of the pericementum, with the subdivisions of septic and non-septic, acute and chronic. In diseases of the pulp it was noted that the diagnostic symptoms were increased or diminished by exposure to thermal changes, presenting reflected instead of localized pains, and except in cases of advanced degeneration, where the pericementum had become infected, no tenderness upon percussion or pressure upon the tooth.

On the contrary, all of the pathological conditions of the pericementum evince varying degrees of tenderness upon pressure or percussion, so that a tooth tender to these latter tests, has its enveloping membrane, the seat of disturbance, with the usual vascular reactions, and the accompanying symptoms, which belong to the various stages of inflammation, and this engorgement of the blood vessels produces an increased volume of the membrane with the protrusion and loosening of the tooth, with a heightened sensitivity, resulting from the unyielding character of the bony walls about it, and the fact that relief from the swelling can only be obtained by partial expulsion of the tooth—this being the one direction in which there is a lessened resistance—but even this is but slight, as the tooth itself is met by its antagonist, and is pressed back upon the already sensitive membrane, increasing the pain and the irritation.

The general diagnostic symptoms of pericementum affections are, therefore, tenderness on percussion or pressure, a dull sound emitted when slightly tapped, more or less protrusion and looseness of the tooth, and a general local inflammatory appearance of the gum in the vicinity of the affected tooth. By a close observance of the differential diagnosis between it and pulpitis, confusion would be easily avoided, and practitioners would be more likely to have a clear conception of the two conditions, as there is but little in common except the presence of pain. The pain in pericementitis is dull, steady, boring in character, and is not at all paroxismal, and gives no response to thermal changes, while that of pulpitis is sharp and lancinating, and in its earlier stages it is distinctly paroxismal, being exquisitely sensitive to thermal changes, with no swelling about the tooth and no tenderness on pressure.

In pericementitis there is no trouble in locating the affected tooth, the pain remaining constant, and the tooth being raised in its socket gives response to the slightest touch, while in pulpitis it is at most times extremely difficult to determine the exact tooth affected; pain becomes worse on reclining, excitement and fatigue exacerbating, and there exists no elongation. Pericemental disturbances may evince any or all of the various symptoms described, ranging from a slight soreness, as in simple gingivitis, to suppuration of the membrane and the formation of an abscess, the extent and nature of the pathological condition being dependent upon the cause of irritation.

In gingivitis, or inflammation of the membrane at the gum margin, the disease is characterized by inflammatory conditions originating at this point, and followed by progressive degeneration and atrophy of the pericementum and the alveolar walls, accompanied generally by deposits of calculi and infection of the disease territory by pyogenic organisms, and loss of the membrane, forming pockets, in which further deposits of calculi are found, and from which pus may be found exuding, the causes being local and general, resulting in reduction of the vitality of the tissues, creating a predisposition to local disease, in presence of exciting causes which were before inoperative.

Chronic nutritional disturbances, such as gout, diabetes, chronic rheumatism, scurvy, chlorosis, anæmia, leukæmia, pregnancy, typhoid fever, malaria, tuberculosis and syphilis, have all been observed as contributing to form a local predisposition to the development of gingivitis, and the administration of mercury, lead or iodine have frequently been followed by pronounced symptoms of pericementitis, and frequently the appearances of the parts about the teeth are diagnostic of the constitutional disturbances, and naturally no betterment of the local conditions will be brought about without an improvement of the systemic disturbances.

Most of the diseases named may be classed as diseases of suboxidation, where faulty oxidation may be observed, and a retention of waste products, the parts at the extremities of the circulation becoming debilitated.

The local causes may be divided into predisposing and exciting, and probably are in nearly all cases necessary to the occurrence of the disorder. The local predisposing causes are lack of exercise of the tooth and gums in mastication, thereby permitting food masses to remain in contact with the gums about the necks of the teeth, where the products of decomposition will act as irritants, thus demonstrating the great importance of thoroughly cleansing the mouth after eating and the necessity of constant care of the dental organs by a qualified practitioner of that specialty.

The local exciting causes are both mechanical and chemical, such as presence of foreign bodies beneath the gum margin, poorly constructed fillings, salivary calculus, edges of artificial crowns, bristles from tooth brushes, toothpicks, appliances of prosthetic dentistry, and injuries from dental operations, lead, mercury, iodides and caustics, all probably complicated by the presence of mouth bacteria. Symptoms depend upon the cause, and are usually more pronounced in proportion to the neglect of oral hygiene, swelling and increased redness of the gum margins being constant features.

In some cases there may be only a raised, rounded, softened ridge of gum of a bright red color, but in many cases the swollen gum obscures a large portion of the tooth crown, and the softened tissue appears of a purplish color.

Prognosis of marginal gingivitis will be according to its cause, previous duration and age of the patient, the latter being a factor of no small potency, and degenerative and atrophic changes of the pericementum and alveolar walls inevitably result from long-continued gingivitis.

Upon the removal of local causes, should the condition proceed from such irritation alone, there usually results a speedy subsidence of the symptoms, but there occurs a permanent loss of the pericementum and alveolar walls, so far as the atrophy was extended, and the gum line is observed to have receded beyond its normal line of attachment to the tooth.

Treatment consists in removal of the sources of irritation and restoring the normal circulation of the parts, a careful attention to any underlying constitutional condition being absolutely essential to a satisfactory convalescence. Antiseptic mouth washes will be found of great value and should be used frequently, no matter from what cause the condition arises, and those of an astringent character will be found exceedingly valuable after the necessary operations have been performed upon the parts.

℞

Zinc Chlorid.	gr. x
Aq. ment. pip.,	℥ i M

S. To be used as spray from an atomizer, or wash several times a day.

℞

Acid. Trichloraceticum	℈ i
Aquae Distillatae	ʒ vi

S. To be applied to the gums at the necks of the teeth affected, once every two days.

This latter preparation will be found particularly efficacious, having a special affinity for the mucoid and albuminous material in the affected parts, and producing no apparent effect upon the tooth substance itself. As an antiseptic wash the following will be found valuable and agreeable to the patient:

℞

Thymol	gr. v
Olei Casseae	m x
Olei Gaultheriae	m xv
Aquae Distillatae	℥ iv

S. To be used as mouth wash 2 or 3 times a day.

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IN an address by W. J. Herdman, M. D., concerning the physician as a witness in court, before the Section on Neurology, printed in the *Journal American Medical Association*, appears the following:

> In addition to such evidence as each of you could furnish from your personal experience and recollections, I will present the testimony of some who have put themselves on record and have had abundant opportunity to observe the condition of this witness, and have earned the right to speak with authority about him. One says: "The expert is a topic of the time, he has also been a problem for a long period, and he is almost becoming a scandal." Another says, "When it comes to the testimony of experts, that is the subject of everybody's sneer and the object of everybody's derision. It has become a newspaper jest. The public has no confidence in expert testimony." And a third says, "Expert evidence so-called, or, in other words, evidence of the mere opinion of witnesses has been used to such an extent that the evidence given by them has come to be looked upon with great suspicion both by courts and jurors, and the fact has become very plain in any case where opinion evidence is admissible, that the particular kind of an opinion desired by any party to the investigation can be readily procured by paying the price therefor." Still another says, "It is generally safer to take the judgment of unskilled jurors than the opinion of hired and generally biased experts," while a fifth says, "Skilled witnesses come with such a bias on their minds to support the cause in which they are embarked that hardly any weight should be given to their evidence."
>
> This language, which is that of advocates and judges, characterizes a system. "It virtually calls that system a vice. Indirectly it argues and almost demands the abolition of that system. The court has not the power to abolish it, but the court has done all the court could to degrade it."

It is unfortunate when a member of the medical profession is compelled to make such a statement as the preceding, and it is still more unfortunate that it happens to be very near the truth. The method which has been in vogue, and still seems to be popular, of having each side of a case involving a medical question represented by a long array of medical experts, each of whom is paid by the client he represents, and who is put forward, not so much to tell all he knows of the facts of the case from a medical standpoint, and to make clear to the minds of the jurymen sitting on the case the whole truth concerning the points in question, but rather to be used by the clever and designing legal expert employed on the same side to cover up the truth which would prove unfavorable to his client, and to make clear only that part of the facts which favor his side of the case, and tend to confuse the infinitesimal amount of mind belonging to the average juror. In such a condition of affairs, a medical expert, no matter how conscientious he may be, and no matter how well qualified he may be to state the exact truth, finds himself unable to properly present his case, because he practically is not allowed to do so by his legal brother; or, if he is allowed to tell the exact truth, he is met by such an attempt to distort the facts and break down his testimony that he feels that he has not been able to produce the impression which he desired. In addition to the attempt to discredit his testimony by the lawyer, he finds arrayed against him talents equal to his own, used by the opposing lawyer, as he himself has been used, merely to distort the facts and bewilder the jury. This is not a creditable condition of affairs, and calls for decided relief. In the first place, the physicians' and the lawyers' duties in the case should not be confounded. The physician's attitude under the present status is that of counsel; he must array his wits against that of the opposing expert just as the lawyer does, and he finds himself unconsciously taking sides, as it were, in support of his own side—*i. e.*, the man who pays him. The attitude of the physician before a jury or the court should be exactly what it is before a class of medical students—a desire to put the whole truth before them in such a manner that they may readily understand and digest it. No medical witness should be paid by either of the parties to a suit. He should be a State officer employed and paid for by the State, because of eminent fitness for the position, and his fitness should be determined by the leading medical body of the State. He should have whatever assistance might be considered necessary, in the shape of additional specialists of the same calibre, and should be expected to give testimony without prejudice. His duty should be simply to declare the truth, and to show what bearing the truth has on that particular case. If the case were a criminal one, in which the State were prosecuting a prisoner, the counsel for the prisoner should have the same access to the medical experts furnished as the State's attorney. In such a condition of affairs there would be no conflicting testimony to confuse the jury. The expert would not find himself confronted by unprincipled and incompetent witnesses, as is often the case at present. To the average juror a "doctor" is a "doctor," and it is very hard for him to distinguish between the conscientious witness and the unprincipled one—between the man with ability and the one without it. The writer of the article in question offers the following suggestions:

(1.) Experts should be appointed by the trial judge.

(2.) Their compensation should be made a part of the expenses of the court.

(3.) They should have abundance of opportunity to investigate all the facts of the case on trial, as far as they have a bearing on the opinion they are expected to deliver.

(4.) That opinion should be given to the court in writing, signed and sworn to.

(5.) Any dissenting expert opinion must also be in writing, and contain a statement of the grounds on which the dissent is based.

(6.) The experts may be sworn as witnesses and cross-examined, but the range of the cross-examination is not to extend beyond the limits of the subjects embodied in the opinion which they have been asked to express.

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THE letter of Dr. B. M. Mullin, in this issue, should have the earnest consideration of the class of "'92." Dr. Mullin thinks that if he can come all the way from New Brunswick, those of the class who live near by should be able to attend. We hope that every member of the class may find it convenient to be with us at our commencement this year. And not only the members of "'92," but members of all the other classes, will be made welcome. The alumni are beginning to show a greater interest in the yearly reunions. Last year the banquet was held under the auspices of the Alumni Association, and the attendance of alumni showed that they appreciated the change. It is expected that the experience of last year will be repeated, and we hope to see a much larger attendance of alumni. There are in the city of Baltimore alone about eighty graduates of the Baltimore Medical College in actual practice or in hospital positions. This number of alumni, if they could be persuaded to act in concert, could organize and support a capable medical society. The formation of such a society should be one of the important considerations at our next annual meeting.

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THE "Ptomaine Club," which started out so auspiciously, seems to have collapsed. We do not know what was the matter. At the last few meetings everything seemed to be working harmoniously and satisfactorily, and the end was not expected. The meetings were a source of much pleasure and instruction to the members, and we are very sorry to hear of its final dissolution. Cannot something be done to revive the corpse?

We hope that several papers will be received this year in competition for the gold medal. We understand that papers are being prepared, and hope that it is true. Such competition establishes the spirit of investigation and research which makes thinking men and discovers new truths.

⁂

Dr. Jas. Means, of the class of "'92," is spending the winter with us, doing post-graduate work. One by one our old graduates reappear in our halls, securing a new fund of useful knowledge, learning the new truths, and burnishing up the old. Nearly all of them report the successful establishment of lucrative practices, many of them are married, and all reiterate their love for their alma mater. One thing which must appear startling to the graduates of "'92" and earlier, is the fact that not a brick of the establishment from which they graduated remains standing. "All things have become new." When one of the old alumni remembers the old college on Howard street, with walls falling down, dark and gloomy lecture hall, inadequate dissecting room, the "pigeon boxes" in the chemical laboratory, and the limited hospital and dispensary facilities, and compares it with the present splendid facilities for medical education, he must indeed realize the tremendous leap forward our college has taken, that it might keep in the van of the movement for higher educational standards. With the present outlook for an increased number of students, it will probably be but a short while until other new buildings will be necessary to keep pace with our expansion.

⁂

Our football team was so successful last season that we are more than ever determined to win new laurels next year, and retain the old. It will, no doubt, be very gratifying to those interested in athletics, that Mr. Ed. G. Bray, of Lafayette, who enters the medical course at the Baltimore Medical College next fall, will coach our team and play with them. Mr. Bray, as captain of the Lafayette team, was a splendid success, and we hope to further surprise the football public in this part of the world with our next year's work.

⁂

The athletic contests at the Fourth Regiment Armory, on March 10th, were well contested, several events going to B. M. C. men. The relay race, the shot-putting contest, and the 440-yard event, came to us. As a result, Messrs. Kell and Lipes own a fine gold watch apiece, and the college has a fine cup as the result of the victory of our relay team.

⁂

CORRESPONDENCE.

St. Mary's, York County, N. B.,
February 24th, 1900.

To the Editor Alumni Journal, Baltimore Medical College:

Sir—I wish to propose to my fellow-alumni of the class of 1892 a class reunion at the graduating exercises of 1900, and beg your permission to use the *Alumni Journal* as the best means of reaching all the widely-scattered members of the class. As a Canadian alumnus, I have never ceased to take a deep interest in the welfare and progress of old Baltimore, and have noticed with great satisfaction the steady advance of my alma mater among the great medical colleges of the Union.

I feel that if a Canadian can spare the time from writing prescriptions and following "Bobs" and Kitchener in South Africa, in his spare moments, to attend such a reunion, the members of the class of "'92" who may not have the same distraction can leave their offices and their patients to meet once more in the old halls, to celebrate together the closing exercises of the college. Class of "'92," what do you say?

Thanking you in advance for your valuable space, I remain,

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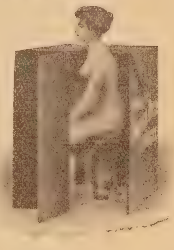

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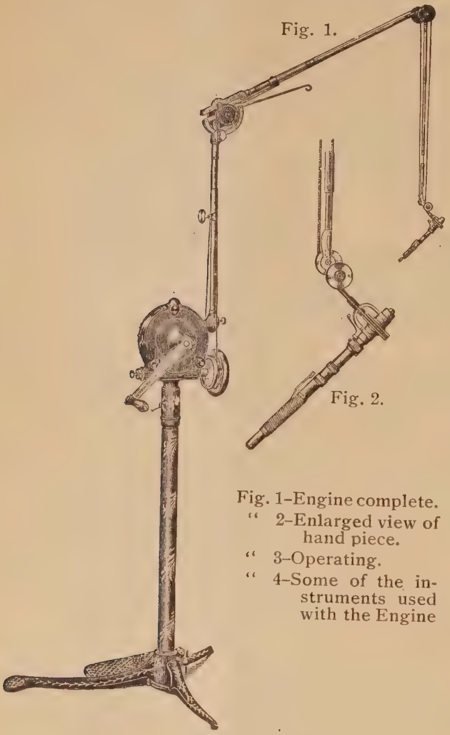

Fig. 1.

Fig. 2.

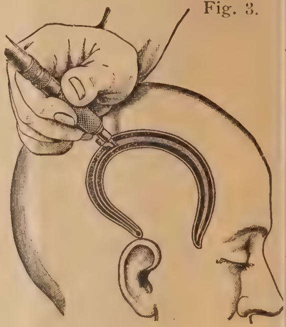

Fig. 3.

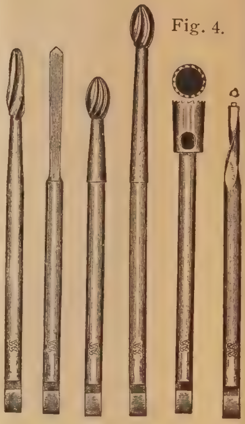

Fig. 4.

Fig. 1–Engine complete.
" 2–Enlarged view of hand piece.
" 3–Operating.
" 4–Some of the instruments used with the Engine

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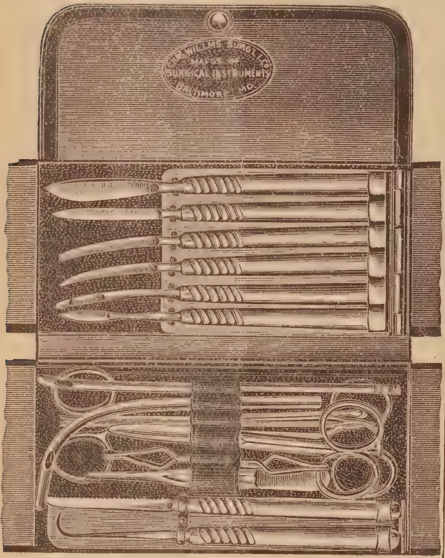

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Baltimore Medical College
ALUMNI JOURNAL.

Vol. II. BALTIMORE, JUNE 1st, 1900. No. 6.

*THE PHYSICIAN.**

BY S. WEIR MITCHELL, M. D., LL. D.,
Of Philadelphia.

The hunt is o'er;—the stone-armed spears have won;
Dead on the hillside lies the mastodon.
Unmoved the warriors their wounded leave;
The world is young and has not learned to grieve.
But one, a gentler sharer of the fray,
Waits in the twilight of the westering day,
Where 'neath his gaze a cave-man, hairy, grim,
Groans out the anguish of his mangled limb.
Caught in the net of thought the watcher kneels,
With tender doubt the tortured member feels,
And, first of men a healing thought to know,
He finds his hand can check the life-blood's flow.

What sense of pleasure won that helping hand
You best can tell; you best can understand,
Who, looking back across your busy years,
Know what your hands have spared of pain and tears.
First of your guild! Before me sit today
His latest offspring, while the Century gray,
Proud of your past, and of your future sure,
Knows that what else may perish you endure.
What need to tell your story? Brief the task.
You are the wondrous history you ask!
A living record! They who first in vain
Throbbed with desire to ease a brother's pain
More largely live in you; and yours the joy,
The priceless happiness without alloy
Of him, the first, who saw his infant art
Bring back the life-blood to the failing heart.

Heirs of the ages! Heritors of thought
By Galen gathered, or by Celsus taught,
Greek, Arab, Roman, breathe in you today,
And the great captains of that long array,
Who through dark centuries led your slow advance
To the proud sun-burst of the Renaissance.
A splendid lineage! Who may hope to trace
The dateless legend of your ancient race?
Lo! through the mist of years I see them rise,
The great, the good, the witty and the wise.
The poet's laurel crowns your blazoned shield.
Sage, scholar, statesman, reap your ample field.
Your names are many on the fearless roll
Of those who signed a nation's birthday scroll.

Too oft our changeful story seems to show
That what men knew they only seemed to know.
They lived, they toiled, they joined the silent dead.
On dusty shelves their books repose, unread.
The scholar wandering o'er the vast domain
Once rich with living thought, may think how vain
Our work will seem to those who hither come
To sum our gains when we, in turn, are dumb.
Yet that which wins tomorrow's grateful praise
Is the sure child of faltering yesterdays,
And countless hands must till the stubborn soil
That one may reap the harvest of their toil.
To know, alas! but feeds the crave to know;
Upon our hands life's endless riddles grow,
Until we learn that every hard-won hill
But sets the far horizon farther still:
Yet ah, how keen the mind-thrill of delight
When some new sun illumes our lessening night,
And problems, dark for many a weary year,
Shine, simply answered,—luminous and clear.

With conscience calm you see the century go,
And know how much to you its glories owe.
It saw grow safe beneath the surgeon's knife—
Almost too safe—the sacred human life.
It saw forever stilled the cry of pain.
Which shall we dare to count the higher gain?
Two older victories we gladly place
In the proud annals of our English race;
When some glad seraph gave to Jenner's ear
The whispered spell that slew a giant fear,
And, strangely killed despite his guard of lies,
Touched with a needle's point the monster dies.
When, too, as one amid some deepest night,
Sees the quick lightning fill the world with light,
Our patient, modest Harvey saw revealed
The wonder-secret life so long concealed.
Who would not envy those who share alone
With God the secrets only He had known:
Who win the joy of soaring unconfined
High o'er the levels of the common mind,
Or, humbly searching some well-trodden ground,
Find the rare jewel no one else had found.

Such were the sires with whom your art began,
For you, who, thoughtful, that proud record scan,
Know the true children of the mighty dead
Are they alone who in their footsteps tread,
And that a man's true ancestors are they
Who, dying, left him all that genius may.
You wield new arms, are 'neath new flags arrayed,
Yet you are still what these our fathers made.
What they have given it needs not me to find,
Nor what high masters schooled the growing mind;

---

*Read before the Congress of American Physicians and Surgeons, held at Washington, D. C., May 3, 1900. Reprint from Phila. Medical Journal.

Great was the sire who gave to you and these
The stately oath of stern Hippocrates.
The creed was old before the Christ was born
To give it heavenly light and larger morn
Of ampler meaning, when a white-robed man
Taught—as those wonder-years in sadness ran—
Taught as he practised our divinest art.
Who heals the body best can heal the heart.

Your guild is old and no historic page
Records its birth or dares to set its age.
A score of codes the lawyer's learning needs;
The priest is servant of an hundred creeds
That sow dissension and that stir debate,
And in their turn have fed the fires of hate:
But you, o'er all the earth, in every land,
Find the warm greeting of a brother hand.
One creed is yours, and till all time has ceased
Still you are doctor, and are somewhat priest.
The colder man may vainly try to live
Free from confessions such as sorrows give:
The priest hears part of life—you hear the whole,
When fear or anguish racks the tortured soul.
'Tis we who know, and haply we alone,
What grandsire's sin a life has overthrown,
What inborn taint has been the fatal source
That gave temptation such resistless force.
How can we lack the charity that wins
From God-like knowledge large excuse for sins?
Not yours to pass upon the other side,
Or giving part, to leave the rest denied.
Our best have owned the rare dramatic power
Which gives to sympathy its lifting hour;
Go learn of them, the masters of our art,
To trust that wise consultant called the heart.
There are among us those who haply please
To think our business is to treat disease,
And all unknowing lack this lesson still,
'Tis not the body but the man is ill.
God's ways are dark, and in their gloom we walk;
Not ours to know why life's grim spectres stalk.
We tread mysterious paths in touch with pain,
Birth, death, disease; strange phantoms of the brain.
Perplexed we recognize the doubtful hour
When indecision paralyzes power.
No intuition leads with certain hand —
Tuition rather—and the sure command
Of reason competent to read with ease
The dim and half-seen signals of disease:
So doth the poet question Nature's soul,
And knowing part, infer the larger whole.

Would I might call these grave consultants here
To trace the coming century year by year,
To learn what crippled theories she flings
On the dust-heap of forgotten things,
What blazing head-lights shrink to tallow-dips,
What well-known names must suffer time's eclipse.
Yet hope shines ever in her maiden eyes.
Her silent lips are treasuries of surprise.
What ghastly shapes her stately presence fly!
What ancient plagues beneath her footfall die!
Fair heritress of every human hope,
Rich with the marvels of time's widening scope,
However high may rise the soaring wing,
Whatever change thy fuller days may bring,
Our ancient lesson will be ever new;
That priceless lesson will be ever true;
Time did not teach it: time will change it not.
This, this shall last though all our lore's forgot,
To give what none can measure, none can weigh,
Simply to go where duty points the way;
To face unquestioning the fever's breath,
The hundred shadows of the vale of death;
To bear Christ's message through the battle's rage,
The yellow plague, the leper's island cage,
And with our noblest " well to understand
The poor man's call as only God's command."
Ay, under every century's changing sky
Shall the Greek master's triple signal fly,—
Faith, Honor, Duty,—Duty calmly done,
That shouts no self-praise o'er a victory won;
One bugle note our battle call.
One single watchword, Duty.—That is all.

Where are your honors ? Ribbons, titles, place,
In other lands reward the winner's race.
But here, today, beneath our equal sun,
The simple guerdon of some victory won
Is but to hear your Ave! Hail! Well done!
Alas! not always even this is sure
For him who lessens that which men endure.
We are but mortal, and, with blinded eyes,
May fail to see who surely won the prize,
Or see too late, as once we saw in vain
The fate of him who wrought the death of pain.
Guard well that memory, lest again we flout
Some hero-victim with our torturing doubt.
How thanked we Morton? Ah! " No joy-bells rang,
No paeans greeted, and no poet sang,
No cannon thundered from a peaceful strand
That bloodless victory to a grateful land.
We took the gift, so humbly, simply given,
And, coldly, doubting, left the rest to Heaven."

Swift pass the days. Our century slowly dies,—
Quick beats her pulse and filmy are her eyes.
Her flowing robes are red with countless wars,
Her tender breasts are sad with many scars;
Yet in her dying eyes prophetic glows
Some sweet prediction of a world's repose.
Lo, at her side the coming sister stands,
And bends to hear, and folds those wasted hands.
"What shall I bring which thou hast failed to find?
What nobler hope have I to give mankind?"
Hark! From the lips where life had seemed to cease
Comes the low murmur: " Thou shalt give them Peace."

*VALEDICTORY ADDRESS.**

BY HON. OLIN BRYAN.

Each decade of the century upon which the curtain so soon will fall has marked a new epoch in invention, science, discovery and art, and is conspicuous for the unexampled massing of new ideas and startling events. From the discomforts, discouragements, crude and darkened conditions which environed our forefathers at its beginning, we have rapidly advanced, until now, in its setting sun, we witness the heavens of the scientific world ablaze with the effulgent light of its departing glory. The development of forces seen and unseen have revolutionized the world. The material has been transformed from darkness into light; the intellectual from ignorance into knowledge, generally and universally diffused; the scientific from the glimmering light which dimly outlined the horizon into the full tide of the morning's glory, and the moral from traffic in human lives, and the serfdom of womanhood into the noblest conceptions of individual liberty and enthronement of woman until she is recognized today man's equal in the intellectual and moral world. Thus it is that we have within the circle of a single century passed from the dim candle to the noon-day blaze of the electric spark; from the spinning-wheel and loom to the bounding shuttle and flying cylinders that in a single hour can transform the raw cotton and unwashed wool into the fabric of the finest cloth; from the crude and uncertain sailing barge to the floating palaces with a twenty-four knot displacement; from the stage-coach to the flying Pullman crossing a continent in less time than it required, at the noon of the century, to cross the boundaries of a single State; from the separation by months of hemispheres to the reading of the account of a battle in the south of Africa almost before the smoke has died away from the scene of conflict; from the crude implements of surgery to the modern appliances by which a broken limb can be made so comfortable as scarcely to impede its possessor in the conduct of his daily business routine. These are only a limited few of the happenings which this century has chronicled.

---

*Delivered at Commencement of Baltimore Medical College, April 17, 1900.

To my mind, its magnificent achievements, its creation of new ideas, its prodigious feats and its mighty leaps and overawing masteries are but the forerunners of greater, sublimer and more glorious accomplishments and triumphs, in the dawn of the twentieth century, in those things which so recently have been unfolded, to say nothing of other fields into the borders of which man's thought has not yet entered.

The door of opportunity is open in all the earth; organizations have brought mankind into a common brotherhood; the blending of language is fast giving them a common tongue; the mastering of science is linking them in the closest relations, and over and above all the doors of all nations, and of every land, are thrown open for the advancing thought of the all-conquering hero, man.

> " So man, who here seems principal alone,
> Perhaps acts second to some sphere unknown,
> Touches some wheel or verges to some goal;
> 'Tis but a part we see, and not a whole."

To you young gentlemen of the graduating class is the open door of the twentieth century. In the light of the century closing what shall be the accomplishments of the century opening?

Its possibilities are boundless. Into its ramifications we can enter only in imagination. There are fields which have not been entered. We have but touched the border line of scientific achievements. Stupendous and almost increditable as they are, mind which is uncircumscribed and uncircumscribable, undefined and indefinable, reveals to us that there are grander and more startling accomplishments than any of those which have sprung from human intellect to the present hour. The very age in which we live seems to accelerate its own progressive developments by the momentum it receives in each new advance. The achievements of the recent past, and the realizations of the present, tell us unmistakably that the twentieth century will witness discoveries in science and philosophy which shall eclipse the past as the sun, in his superlative glory, out-dazzles the moon. The progressive march of intellect, the magnificent strides in man's mastery over nature, the astounding revelations of the recondite resources of God's universe now so rapidly unfolding themselves, clearly demonstrates that man is not living in vain in this world of physical struggle, but that intellectuality is upon the throne, and before her sceptre all forces must eventually bow obedience.

Let us not for one moment conceive the idea that we are nearing the limits of man's possibilities in either the material, intellectual or moral kingdom. There are mighty forces yet to conquer; difficult problems yet to be solved; unthought-of discoveries yet to be made; unattained heights yet to climb; unfathomed depths yet to uncover; a wondrous frame into the mechanism of which is weaved Eternal wisdom yet to be brought to physical perfection, from the cheek of which will never fade the blush of health.

"Not in the world of light alone,
Where God has built His blazing throne,
Nor yet alone on earth below,
With belted seas that come and go,
And endless isles of sun-lit green,
Is all the Maker's glory seen.
Look in upon thy wondrous frame,
Eternal wisdom still the same."

Never in the history of the past did men enter upon the stage of human activities with more inviting and inspiring prospects than those which the twentieth century present. Large places of power and responsibility are waiting, and are open. You must help make twentieth century history, in the blaze of electrical triumphs, which are now in their infancy, although already sufficiently advanced to make it possible to look through the human frame and locate any foreign substance therein hiding, and transmit messages across open seas without the assistance of even a connecting thread, to speak not of its known uses upon diseases in the physical body. You may not possess the mental powers to dash suddenly to a commanding summit, but you can change the course of the stream of hundreds of human lives, no matter how few your natural endowments. The pebble frequently determines the course of a river. Be not discouraged by apparently hostile conditions, mentally or physically. They are necessary, frequently, to make men.

To each of you will come doubtless the opportunity to enter not only the open door of the twentieth century, but also the open door to individual success. The latter, perhaps, may be delayed in some instances, come it certainly will. If any of you fail to enter, it will be because you neglect to take the current when it serves, and, so doing, lose your venture.

"Get thy spindle and distaff ready, and God will
send thee flax."

Remember, also, that the golden opportunity "is never offered twice;" seize, then, the hour—

"When Fortune smiles, and Duty points the way,
Nor shirk aside to 'scape the spectre, Fear,
Nor pause, though Pleasure beckon from her
bower;
But bravely bear thee onward to the goal."

Failure to grasp the occasion is the bog into which falls many promising lives. There are single moments upon which hang the fate of empires. Timely action determines the results of a life. It is said of Napoleon, when his life was threatened by his disaffected generals during his Egyptian campaign, that he walked coolly among them, saying, "Soldiers, you are Frenchmen; you are too many to assassinate, and too few to intimidate me!" This stilled their angry passions and caused them to give their own lives for the man they would have killed. It was his ability to meet the occasion which showed the true worth of the young physician. The great surgeon was absent. A man with broken and bleeding limb cried for relief. His life was in the balance. Delay meant death. Courageously grasping the situation, the young physician brought his powers into action, saved a life, and guaranteed his future.

Says Austin Phelps: "Vigilance in watching opportunity; tact and doing in seizing upon opportunity; force and persistence in crowding opportunity to its utmost of possible achievement—these are the essential virtues which must command success."

The open door, no matter to what delightful bowers it leads, does not crown one's life with completeness. You must pass through the door with a single eye and enthusiasm, if you choose to pluck the flowers which over-arch the craggy ledges. We stand with admiring reverence before the world's master-pieces, profoundly conscious of the great spirit's presence which wrought them. It was the soul-absorbing thought, the one fixed purpose of a life, which made them possible. Michael Angelo subjected all things to his own burning thought, the production of his ideal, and the "Crucifixion" will keep his memory ever green. Field would not be dissuaded from his purpose to connect the continents, and though baffled time and again, he rose from each defeat only the more determined to attain the object of his heart.

Every young man entering the open door should have a purpose, fixed and well-defined, to attain some particular goal.

Says Carlyle: "The weakest living creature, by concentrating his powers on a single object, can accomplish something; whereas the strongest, by dispersing his over many, may fail to accomplish anything. The drop, by continually falling, bores its passage through the hardest rock. The hasty torrent rushes over it with hideous uproar, and leaves no trace behind."

One of the crying demands of the day is concentration of energy. Mark well the man who has one over-mastering idea, one determined aim, one single purpose, for the goal is his. He may be forced to strike many blows, but falling, as they will, in one place, the purpose must eventually be accomplished. This demand for concentration makes it the age of specialties, and peculiarly so in the medical profession. It is well 'tis so. It has been fittingly said that "scatteration" is the cause of many failures in American professional and business life. But all of you cannot be specialists. Environments will not permit, nor will circumstances warrant. Each of you can, however, adopt Coke's motto, "*Non multa, sed multum*"—not many things, but much. Follow this, and you will throttle obstacles and conquer opposing odds.

Coupled with this singleness of purpose, there must be enthusiasm.

"Every great and commanding movement in the annals of the world is the triumph of enthusiasm. Nothing great was ever achieved without it."

Unless your heart is in your work, no matter how many doors may be open to you, your life will be a failure.

We notice this man standing out prominently in his profession, and remark that man's life is a success. What is the secret? In ninety times in the hundred it will be traced not to his brilliant intellect, not to his genius, but rather to his love for the profession he has chosen, and the intense desire to master it. This characterizes the great physician, the profound lawyer, the commanding statesman, the erudite scholar, and, in fact, men of every walk of life who attain prominence in their chosen field. With all the splendid possibilities which await your advancing footsteps; entering upon practical life in a profession, which is peculiarly adapted to give one the truest conception and appreciation of real life, what will be your harvest? Hope today beckons thee to large and commanding places; follow with a heart of resoluteness, and "the labor you delight in will physic pain." Be conscientious, as members of your noble and time-honored profession;

healers of souls as well as bodies. Be loyal citizens, for your influence will weigh much in determining political questions; and no man is worthy of his American citizenship who is indifferent to political issues. Politics may be other than wholesome, but, like a stagnant pool, the longer it is left alone the more death-breeding germs it gives birth to. As good citizens, lend your personal efforts to the purification of politics, incidentally at least. In all, do thy duty.

"Duty consists of that love of God and man which renders the life of the individual the representation and expression of all that he believes to be the truth, absolute or relative. Duty is progressive, as the evolution of truth; it is modified and enlarged with the ages; it changes its manifestations according to the requirement of times and circumstances. There are times in which we must be able to die like Socrates; there are others in which we must be able to struggle like Washington; one period claims the pen of the sage, another requires the sword of the hero. But here and everywhere the source of this duty is God and His law; its object, humanity; its guarantee, the mutual responsibility of men; its measure, the intellect of the individual and the demands of the period; its limits, power."

Study the universal tradition of humanity, with all the faculties, with all the disinterestedness, with all the comprehensiveness of which God has made you capable; where you find the general permanent voice of humanity agreeing with the voice of your conscience, be sure that you hold in your grasp something of absolute truth—gained, and forever yours. Study also with interest, attention, and comprehensiveness, the tradition of your epoch and of your nation—the idea, the want, which ferments within them; where you find that your conscience sympathizes with the general aspiration, you are sure of possessing the relative truth. Your life must embody both these truths, must represent and communicate them, according to your intelligence and your means; you must be not only man, but a man of your age; you must act as well as speak; you must be able to die without being compelled to acknowledge, "I have known such a fraction of the truth, I could have done such a thing for its triumph, and I have not done it."

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EXCISION OF THE RECTUM THROUGH THE VAGINA.

BY SAMUEL T. EARLE, JR., M. D.,
Professor of Physiology and Rectal Diseases,
Baltimore Medical College.

I wish to call the attention of the Society to a most satisfactory method of excising the rectum in females, which, from my experience, is far more satisfactory than Kraskie's method. I do not claim originality for this suggestion, as attention was called to it by Dr. Branham, of Baltimore, about five years ago, but it seems to have attracted little attention since. In the case I am about to report, as well as that reported by Dr. Branham, this special line of procedure was necessitated by the special complications, but without such complications it would even be more feasible and practical. I refer to the method of entering the pelvis from below, where the rectum is to be excised high up from the posterior vaginal wall, which may be split up as far as is necessary, even to the cervix, which will give all the room necessary, and the subsequent repair can be made with little external disfigurement. The results in the case I herewith submit are far more satisfactory than any I have ever had, and although about 5 inches of the rectum, together with about 3 by 2 inches of the posterior vaginal wall, yet it is almost impossible from a casual observation to observe the line of incision, and the only abnormal condition that exists to indicate that any operative procedure has been done to the patient, is a slight eversion of the mucous membrane at the anal orifice, the latter being contracted to almost its normal size, and although only nine weeks have passed since the operation, she now has very good control of her faecal discharges.

I herewith submit report of case. Mrs. E. L., aged 48, from Philadelphia. About two years ago the patient's attention was first called to symptoms of bleeding from the rectum after evacuations, with tenesmus and severe pain, which were supposed to be from hemorrhoids; these continued for a year, when a swelling appeared on the left buttock, close to the perineum, which was lanced by a physician, and pus was discharged; this continued until she came to me the latter part of January, 1900. I found a growth involving the anterior and both lateral quadrants of the rectum and anal margin, decidedly more on the left side; this extended through the perineal body, and involved the posterior vaginal wall from the commissure about three inches up; this had extended through to the vagina, involving all the vaginal coats. I began my incision just posterior to the growth on the side of the anal margin, and continued through the perineum to just beneath the vaginal wall. With the vagina held open by a speculum against the anterior wall, I began a separate incision, just above the growth on the posterior vaginal wall, removing the triangular section whose apex was pointed to the cervix, and with its base at the commissure; this incision was carried down through the vaginal coats until it reached the incision, which had been brought forward from the anal margin. After this was completed I then commenced the enucleation of the rectum, beginning at the anal margin. This was all accomplished without any special difficulty. The rectum was pulled down, and about five inches of its length excised; the centripetal end was attached at the anal margin, and the vaginal and perineal opening was closed with silk-worm gut sutures, with the exception of the two at the juncture of the vagina with the perineum, which were with silver wire. She made an uneventful recovery until the tenth day, when a slight attack of erysipelas of the buttocks set in, but which did not involve the wound; this retarded her recovery, but did not interfere with the union of the cut surfaces. All that remains to indicate that any surgical procedure has been done is the anal opening, which is about 1½ inches in length. She has, however, the complication which I have noticed has followed nearly every case of excision of the rectum that I have done, and that is, diarrhoea attended with mucous, with an occasional staining of blood, and also pain and tenesmus. This is evidently due to some ulceration, the cause of which I am unable to explain—I mean that I am unable to understand why these patients should be so susceptible to it. I am treating her for this trouble with high injections of nitrate of silver, one grain to the ounce.

PRACTICABLE PHOTOMICROGRAPHY AT BALTIMORE MEDICAL COLLEGE.

BY CHARLES H. POTTER, M. D.

Associate Professor of Pathology, Bacteriology and Photo-Micrography, Baltimore Medical College.

By "practicable" the writer means simply possible and successful day in and day out—with all kinds of objects, tissues often miserably stained, thick sections lacking contrast, bacteria or the evasive *Amphipleura P.*, or even that *bete noir* of a generation gone by, the podura scale.

Photographic annuals, text-books and even catalogues are sounding the praises of cheap and simple apparatus to the unwary victim, who begins to believe "any one can do it," and wastes time, money, etc., and then declares the whole thing a failure, and sticks to "diagramatic drawings" forever as the correct thing. So that after many years of work, with many failures and a few successes, the writer will not be thought over conservative if he advises only the *best* in the way of work room, apparatus, luminant and technique.

Van Heurck may have done good work in photographing Diatomaceæ with a vertical camera, but Nelson has far surpassed him in the same field with a horizontal apparatus.

The writer possesses a vertical camera, made from Van Heurck's model, but it has only 420 mm. space possible between plate and ocular, so that various magnifications can only be obtained by high-power objectives, or, what is worse, high eye-piecing. One recent experience will illustrate, the writer being called upon to photograph a specimen of "Hyatid mole" cut at 25 micra, poorly stained, where only high magnification (400 diameters) would satisfy the author of the article—and the syncitium cells alone well differentiated, the rest of the section a myxomatous tangle. High-power objectives and oculars would do nothing in such a case, but a 12 mm. 65 N. A. apochromat, with No. 3 projection ocular and 1800 mm. camera extension, gave a fair negative and was published.

While fairly good work has been and will be done by our best workers with comparatively poor apparatus, it does not pay in these days of nerve stress for a valuable worker to sacrifice himself trying to do the impracticable when it is not necessary, and an occasional success does not compensate for many sad failures, with loss of time, money and vitality.

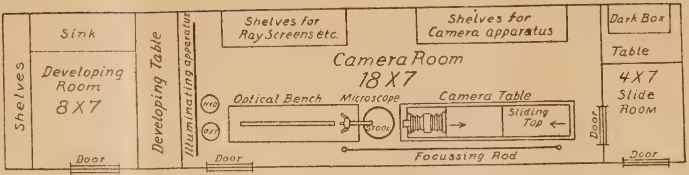
What the writer means by "best" will be explained most simply by a brief description of his own work place, apparatus, light, and technique as he possesses them.

Work place: a cellar with cement floor, brick walls, plastered ceiling, and running water; no vibration. The room or rooms (three in number) are arranged side by side 30 feet long, 7 wide; the first, plate-loading room, 4x7; next, camera room, 18x7; and last, the developing and printing room, 8x7, with no communication except from plate-loading room to camera. The developing and loading room are usually combined, but we find it better to have separate rooms and avoid possibility of hypo dust, etc., on plates. The rooms are all built with hollow walls of dull black paper on a wooden frame, ensuring perfect ventilation and being light tight. The temperature does not vary 15° the year through, and no frilling or fogging of plates occurs because of excess of temperature.

As to apparatus, we have already given our decided preference for horizontal table and camera, so only need give brief description: two tables end to end, 18 inches apart, one 5 feet long, carrying light, optical bench and microscope; the other 6 feet long, carrying only the camera, fastened rigidly together after proper alignment.

The optical bench carries illuminating medium—either Welsbach gas lamp or oxy-hydro zirconium light, as the case may be, the first for low-power work and careful arrangement of microscope and object to be photographed, preliminary to high-power work and use of more powerful illuminant; the oxy-hydro light can be slipped on in place of the Welsbach, and in a minute we are ready for exposure.

While we have a very fine heliostat, most of our work is done at night for various reasons, and oxygen and hydrogen under pressure are all that are needed—far better than electric arc lamp for our work. Hard limes are used for some ordinary work, as the zirconium is very expensive and breaks easily.



PLAN OF PHOTO-MICROGRAPHIC LABORATORY.

The optical part of the bench consists of the usual collecting lenses of Jena glass with light filters, cooling cell, iris diaphragm shutter, etc., all movable on the rail.

The microscope, which is used for no other purpose, sits on a sole plate which is rigidly attached to the table and is adjustable in all directions—English model, tripod foot, made by Watson & Sons, especially for this work, having mechanical stage and all possible improvements. Between this table and the camera table is a stool at the proper height for easy observation and manipulation of the microscope. The focusing rod runs at the left side, independent of the camera, the full length of the camera table, moving the fine adjustment of the microscope by means of a loose leather pulley running on a grooved wheel three inches in diameter, without the slightest strain on the microscope. The camera table proper is six feet long, with a sliding top seven feet long, to which the camera is fastened, running on its own rails—the whole top sliding smoothly on wooden runners to and from the microscope as needed, so that one can sit down comfortably at the microscope, select the desired area to be photographed, then move the camera up to the tube of the microscope, clamp all rigidly together and proceed.

Before describing the camera, we will bring before our readers a simple piece of apparatus, possibly original with the writer, which has been found such a help that we are glad to publish it.

Running on the camera rails back of the entire camera is a wooden frame carrying an 8x10 photographic plate, exposed for a minute to white light with a white paper before it; in other words, "fogged white," left undeveloped, giving a pure white surface with just enough grain to show details exquisitely. The top of the table carrying the camera is marked off carefully, showing various magnifications with different objectives, with and without oculars, and to use this screen the whole camera is closed up close to ocular of microscope; plate-holder, and inside diaphragms of camera removed, the screen moved to the mark showing desired magnification and the image projected upon it in far less time than it takes to write.

The only light in the room coming through the microscope, the section can be studied, rearranged if necessary, cells accurately measured, as the screen is ruled to mm., equality of illumination guaranteed, etc., then this screen is removed and the camera back with plate glass focusing screen slid in to the same mark, the final focusing done with achromatic focusing lens on plate glass focusing screen, plateholder substituted and exposure made—no failures, simplicity in every detail, with fullest assurance that one knows just what is being photographed, having seen its actual details projected on just the same surface as the sensitized plate which is to be made into the negative.

The camera proper is the large "Complete" horizontal one, made by Messrs. Bausch & Lomb, with several improvements kindly made at our suggestion, giving a camera extension from 400 mm. to 2000 mm., more than answering any demands that can possibly be made upon it.

The plateholder is perfect, and with a plate glass focusing screen cross-ruled to mm. can be used for the most critical work, magnifications being obtained with a fairly complete battery of objectives from 25 to 4000 diameters, using no higher than 2 mm. immersion objective and No. 6 projection ocular.

To the question arising in the mind of our reader: Why is such a camera extension necessary? we reply simply that high magnifications (all over 200 diameters) of some objects can only be obtained by the use of low-power (12 mm. and lower), objectives of best N. A. with long camera extension, for in photomicrography "depth of focus" or "penetration" means everything, and as this valuable quality (absolutely necessary in sections over 5 micra thick) decreases with increase of n. a., we must compensate by special technique in other ways.

OBJECTIVES AND CONDENSERS.

Scientific research in optics, improvement in optical glass, with gradual elimination of errors sometimes seemingly trivial to the ordinary laboratory worker, have made possible the present advances in photomicrography during these more recent years, until we who are reaping the benefit of these improvements can photograph the most difficult objects with comparative ease, our obstacles being mainly those of technique in cutting and staining tissues.

Some manufacturers who have been unwilling to sacrifice some pet theory are still working to prove these theories in spite of laws now well known and obeyed by those who have reaped that certain reward of obedience to law which is called by some "success"—by many, too often, "chance."

Those whose names today are recognized as worthy of honor and gratitude have worked almost unrewarded in many cases, and in the face of violent opposition.

Whether the front system of an objective consist of crown or flint glass, or be single or double, means comparatively little to the worker with an ordinary microscope; but these things mean everything to the photographer of microscopic objects who needs all possible aperture suitable to the power used and all possible correction of spherical and chromatic aberration.

What wonders have been accomplished since Leuwenhoek, in 1672, published his observations of bacteria with a simple lens, a glance into any of our laboratories will show, but only partially, until some veteran worker proudly exhibits to you his favorite lenses, expatiating now on the lighting of the field, now the exquisite definition, keeping you till the wee small hours, until after breathless manipulation of light and collar correction he triumphantly shows the striations on *Amphipleura pelucida,* or the 19th band of Nobert's plate.

The writer well remembers his first lessons as a boy back in the sixties, looking with awe and interest through the microscope owned by one of the pioneer physicians and scientists of the Western Reserve, the stand of the queer model of those days, a still queerer French triplet lens with dividing fronts of varying powers from one inch to one-quarter inch.

There were strange iridescent rings around the outside of the field and "dishing" of the object, which we now condemn as chromatic and spherical aberration.

The microscope and objective were made by a famous French optician, but our ordinary student microscopes of today far surpass them.

Since those days we have seen the advances step by step, in which our American opticians were always to the front in spite of lack of means and encouragement, and we do well to honor our Tolles and Spencer.

We have seen the color fringes disappear, the field grow flat and the aperture increased, until today our best dry lenses give better results than the water immersion lenses of that period.

Powell and Lealand in England, Hartnack and Nachet on the continent, and Tolles and the elder Spencer in this country were gradually improving their lenses until, in 1873, Tolles produced a fine glycerine immersion objective of 1.23 N. A.

But during this period further advance was checked by the false theory that all that was needed was "power" in order to see minute objects. Indeed, even today, almost the first question asked of the possessor of a microscope is, "How high will it magnify?" and unless one can claim at least 5000 diameters the shoulders are shrugged and no further interest is manifested.

Even in 1880, three years after the publication of Dr. Abbe's discovery of the diffraction theory, it was common to see $\frac{1}{25}$ and even $\frac{1}{9}$ inch objectives, and Tolles once made (although under protest) a $\frac{1}{75}$ inch objective, and that to study a tooth!

Dr. Abbe's untiring labors were finally rewarded by the almost universal adoption of his theories, which, together with the equally zealous labors of Dr. Schott in optical glass, have practically revolutionized the science of lens-making, especially for photomicrography, and Zeiss apochromatic lenses are within the reach of every earnest worker.

Today we recognize the fact that the numerical aperture of an objective, and not its power, governs the definition, the limit for the practical worker being about 1.40 N. A. for an immersion objective, although Powell and Lealand in England, and Herbert R. Spencer of this country are making $\frac{1}{10}$ immersion objectives of 1.50 N. A., and the famous Zeiss Company has made four $\frac{1}{10}$ immersion objectives of 1.63 N. A.; but these can only be used with special slides, cover glasses, and mounting media not accessible to the ordinary worker.

A single example will suffice from our own experience. A few years ago, while buying "everything in sight," we were tempted into purchasing a $\frac{1}{18}$ inch immersion objective of 1.20 N. A. of a first-class maker; two years later a $\frac{1}{6}$ immersion objective of 1.35 N. A. by the same maker was bought at a bargain, almost reluctantly; but we have proved many times to our own and others' satisfaction that the $\frac{1}{6}$ would resolve far more difficult tests than the $\frac{1}{18}$, although of only one-third its power.

The $\frac{1}{18}$ was long ago got rid of at a bargain to the purchaser; the $\frac{1}{6}$ still remains the gem of our collection and unequaled in defining power by any we have seen of its N. A.

Still the best objectives of fifteen years ago, although of sufficient N. A. and well corrected, failed in one very essential point for photography; viz., correction for various rays of the spectrum, lenses for visual work being corrected for yellow-green rays at one end of the spectrum and lenses for photography corrected for blue-violet rays at the other end of the spectrum, and neither were well fitted for any but their own special work.

In July, 1886, the Zeiss Optische Werke, under the guidance of Dr. Abbe, introduced the apochromatic lenses, which simplify our work to a marvelous extent.

These lenses, while not necessary for ordinary work, possess two special essentials for photomicrography; viz., "the union of three different colors of the spectrum in one point of the axis and correction of the spherical aberration for two different colors," thus eliminating secondary spectrum and securing sharp definition for all parts of the field.

A first-class achromatic objective by a good maker will give fairly good negatives of some objects if especially stained and the proper color screen and plate be used; but if we are called upon to photograph objects which are unstained, with no contrasts, resolved with difficulty with diaphragm nearly closed, *i. e.*, cilia in the bronchi or fallopian tubes, then even with best of apochromatics we shall need all our technique and patience.

The writer has been the past two weeks fighting a specimen of a rare tumor on which a scientific friend is writing an important article, in which some considerable part of the success depended on defining and photographing a few striæ on muscle fibres—unstained except nuclei, and cut with a freezing microtome at 20 micra.

The result was attained with a Powell and Lealand $\frac{1}{8}$ inch apochromatic immersion objective of 1.40 N. A. with a condenser equally well corrected, Zeiss No. 3 projection ocular, 1720 diameters, light yellow screen, ortho plate, and five hours exposure, and our best achromatic objective failed to yield any result.

Condensers have come to us in their present form about abreast with the gradual improvements in objectives, the English opticians and workers being the first to recognize their value, until now we realize that for the best performance of our best objectives the condenser should be as perfectly corrected and of almost the same N. A.

The ordinary Abbe condenser, even if of equal N. A. with the objective, introduces grave errors, as shown most lamentably in an otherwise fine photograph of *Amphipleura pelucida* reduced to dots with a Zeiss apochromatic 2 mm. of 1.40 N. A., used with an inferior condenser, by Fraenkel and Pfeiffer in their Atlas of Bacteriology.

Very good achromatic condensers are now made by the leading manufacturers, but the best we know of and use in every-day work are the Zeiss of 1 N. A., one of 1.43 N. A. oil immersion made especially for us by Spencer, and an apochromatic oil immersion of 1.40 N. A. by Powell and Lealand which gives pure images unexcelled by any we have seen.

By this time our unfortunate reader has begun to despair and imagine that one must be a multi-millionaire to go in for photomicrography; but we hasten to correct the impression, for four first-class objectives with an achromatic centering condenser make a fairly complete battery with a projection ocular.

The objectives should be apochromatic, if possible, a 24 mm. of not less than 0.30 N. A., a 12 mm. of 0.65 N. A., a 6 or 4 mm. of 0.95 N. A., and a 2 mm. oil immersion of not less than 1.30 N. A.

If all of these are not obtainable we should say by all means choose the 12 mm. of 0.65 N. A. and the 2 mm. oil immersion apochromats, and the others perfectly corrected achromatic.

With such objectives and a good camera the best of work can be done by earnest workers.

The writer is well aware of the magnificent work done by the late Surgeon-General Woodward with Tolles and other achromatic objectives, having some of his photographs in our collection and having more than once handled with reverent care the splendid collection of lenses at the Army and Navy Medical Museum, including a $\frac{1}{5}$ inch by Tolles, probably the first homogeneous immersion objective made.

But we are not all Woodwards, nor have we such facilities as he had, and he would have surpassed himself if he had worked with some of our present objectives.

We have in our own collection five of the best immersion lenses made, including a $\frac{1}{6}$ and $\frac{1}{15}$ of 1.35 N. A. and $\frac{1}{8}$ and $\frac{1}{12}$ apochromatic of 1.40 N. A., and a $\frac{1}{10}$ of 1.43 N. A.; also a full set of Zeiss apochromatic dry objectives, viz., 24, 12, 6 and 3 mm. of highest possible N. A.; but we use two of these 99 times in 100—the Zeiss 12 mm. dry apochromatic of 0.65 N. A. and the Powell and Lealand $\frac{1}{8}$ inch immersion apochromatic of 1.40 N. A.

The 12 mm. Zeiss apochromatic of 0.65 N. A. is our most useful dry lens, being capable, with proper illumination, of almost any amount of magnification without breaking down, and gives a far better negative with No. 3 projection ocular at 1000 mm. camera extension than any achromatic $\frac{1}{5}$ or $\frac{1}{6}$ at the same magnification.

Any one can satisfy himself of this by making two negatives at 300 diameters with full cone of light, using this objective and any $\frac{1}{6}$ of any good maker, and the apochromat will reveal details of structure that are impossible to the less well-corrected objective.

In regard to condensers our readers will remember that many objectives can be used as condensers—we have just been making some negatives of *P. angulatum* with 6 mm. apochromatic of 0.95 N. A., using the objective above named as a condenser.

We need also to sound a note of warning in regard to the other optical parts of the apparatus, lest some errors should creep in and offset the advantages of fine objectives and condenser.

The large collecting lenses on our optical bench, with cooling cell and ray filtering trough, should all be of best construction and glass, as also an achromatic lens for rendering the rays parallel before they enter the substage condenser.

This last mentioned is of great value—almost a necessity for equally lighted fields.

With these conditions realized in all parts of our optical apparatus we shall need only special methods of technique and experience—of the former we may write later—the latter comes with time, oft with failure, but ultimately crowned with success.

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*THE DERMATOSES OF CHLOROSIS.**

According to Funk (*Deutsche Praxis*, No. 14, '99), other skin affections, apart from the often accompanying skin neuroses (urticaria, oedema of skin, vesicles, excessive perspiration, etc.), also make their appearance. Dermatoses of catarrhal nature form in a measure an external symptom, complex, and belong to the initial symptoms. All of these processes appear mostly on face and head, and often together.

Seborrhoea and fatty catarrh of skin form often the common origin of all these conditions.

Acne appears quite frequently in various forms, as comedones on the forehead, or entire face, often associated with loss of hair; further as a pustular disseminated acne, which latter, however, is frequently found in other conditions than chlorosis.

As less common forms, we find the indurated acne with deep infiltrations, often located on the nose and surrounding parts.

Occasionally, yet characteristic for chlorosis, is the symmetric papulo-pustular acne, located on middle of cheek, which, when neglected, frequently leaves small scars. In many cases the acne exacerbates periodically with every menstruation.

Besides acne (especially pustular and indurated forms), seborrhoea appears often on face and scalp.

In seborrhoea of face the skin is somewhat reddened and congested in spots, with fatty surface and dilated follicles.

With seborrhoea of scalp, acne pilaris often appears on temples; in other cases, moist eczema behind the ears. In scaly seborrhoea the skin of face and scalp is pale, dry, and covered with fine scales.

Excessive sebaceous secretion and desquamation alternate and combine; probably the former is primary, and latter a result of the inflammation.

Seborrhoea en plaques is frequently seen in chlorosis, and appears symmetrically on the cheeks; less often on the forehead, in form of pale, yellow-reddish, or small red scaly spots.

More frequently the diffused scaly seborrhoea of face and scalp is observed; less so, the universal form.

Loss of hair is a frequent and early symptom of chlorosis, and the finest hair is affected mostly. The scalp is slightly reddened and covered with sebaceous matter and fine scales, and itches frequently.

Eczemas are more rarely seen in chlorosis; dry and moist of face and scalp. Sometimes a moist eczema of popliteal space, or vesicular form on dorsum of hands and fingers is found, and very rarely a universal eczema.

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*Original translation from the German.

Once the writer saw in a severe chlorosis a universal, disseminated crusty eczema en plaques.

In young nursing mothers "cracked" nipples and eczema of same, and sometimes mastitis, appear quickly as a result of chlorosis.

Many common features, such as pale redness, moderate pruritis, little inclination to moisture, torpid course, are peculiar to most chlorotic eczemas. The dermatoses of chlorosis, as the disease itself, generally show a hereditary disposition; even the character of the skin affection is frequently transmitted to a succeeding generation.

As regards treatment, iron with arsenic is indicated, given especially in the summer months, continued for a long period, and combined with proper diet, etc.

The eczema of chlorosis is not often difficult to cure, yet many cases of acne and defluvium are stubborn to treatment. In many cases of indurated acne, where the above treatment does not suffice, the administration of Fowler's solution of arsenic in gradually increased doses (up to 15 to 18 drops daily), gives good results. As a valuable adjunct in the treatment may be mentioned a diet rich in fruit and vegetables, and a restricted use of fluids, not exceeding 1 to 2 pints daily.

The local treatment is according to general rules, the main point, however, being aseptic and anti-septic measures.

J. B. Bennett, M. D.

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HEROIN.

As a respiratory sedative, R. L. Daly (*Boston Med. Surg. Jour.*, February 22, 1900) finds that heroin has the following advantages over morphine: (1) It prolongs respiration, and at the same time increases the volume of each respiration, making it a remedy much to be desired in the treatment of cough; (2) it is not a hypnotic; (3) absence of danger of acquiring the habit; (4) it does not weaken the respiratory apparatus; (5) it does not cause unpleasant disturbance of the stomach or intestines; (6) it can be prescribed in cases in which heart complications occur; (7) the ratio of the therapeutic dose to the toxic dose is considerably smaller than that of morphine. He cites in detail seven cases of pulmonary tuberculosis and one of tubercular laryngitis taken at random from over one hundred cases in which he has administered the drug, illustrating its prompt and beneficial action on the cough, respiration, and secretion. In all these cases, after other drugs had been tried without success, in about three days after the administration of heroin, in half-grain doses three times a day and once at night, was begun, the cough became loose and less frequent, expectoration became free, and there was less dyspnea. At the end of a week there was no dyspnea, the cough had diminished to a marked extent or had disappeared, and all pain was absent. From the beginning of the administration of heroin the respirations, carefully noted in nineteen cases, were decreased in number from two to seven per minute. In certain cases when the drug was stopped for a week the respirations again became more rapid. The effect of the drug upon night-sweats was also marked. In one case almost everything had been given to diminish the night-sweats, but without avail. Then heroin, gr. ½ t.i.d. and at night, was administered in addition to atropine sulph. gr. $\frac{1}{50}$ at night, and on the third night of its administration the sweats decreased to a great extent, and on the fourth ceased altogether. Atropine sulph. had been given with mist. codeine for some nights in this case without result before the heroin took the place of the mist. codeine. In the case of tubercular laryngitis, heroin, gr. $\frac{1}{12}$ every three hours, kept the throat in a condition of anesthesia and relieved the sore throat and the pain very considerably.

*EXAMINATION OF THE BLOOD IN DISEASE.**

BY M. H. BOWMAN, M. D.

Professor of Bacteriology, Toledo Medical College, Toledo, Ohio.

It is only within recent years that blood examination has taken an important place in the study of disease. It has by no means cleared up the whole field of pathological conditions, but that it has helped us wonderfully in diagnosing pathological conditions, the growing literature on the subject well attests.

Ordinarily the blood is sterile and contains no pathogenic or non-pathogenic organisms. Both the tissue juices of plants and animals are normally free from micro-organisms—when the contrary fact exists it is evidence of pathogenic condition. It was once claimed that the chyle ducts took up bacteria from the intestinal canal after each meal, and that these bacteria were emptied into the circulation. Neisser clearly demonstrated this to be untrue and showed that the circulation was normally free from bacteria—the chyle never being carriers of infective material from the alimentary canal.

Since the blood is a tissue composed of certain definite cells of almost uniform constancy, and since they are analogous to those cells of the larger organism which they go to nourish and support, it is but reasonable to conclude that a toxic agent or any morbific material which impairs the one must necessarily impair the other.

The blood corpuscles float in the fluid plasma and pass directly through the capillary walls to support the various tissue cells. If the blood cells are impaired or carry with them toxines from the blood to the tissue cells, there must necessarily follow impairment of the latter or a retrograde degeneration sets in.

Mansfield Holmes, of Denver, has beautifully and clearly set forth this idea in his study of blood in tuberculosis. While his claims are not all accepted, it is beyond question that he is developing a very substantial foundation in the study of the blood for an early diagnosis in tuberculosis. If we admit that the toxine of tuberculosis passes early into the circulation and this toxine is carried by corpuscles thoroughly vitiated and probably undergoing the early stages of degeneration, the tissues which receive them must also receive the toxine bearing material at the same time. This readily shows us how to explain the early wasting of tuberculosis long before we can make a positive diagnosis of the tubercle bacillus. The toxic material is carried by a toxic overburdened blood, whose cells have become seriously impaired if not partially destroyed before reaching their destination. We have impaired blood cells which fail to perform their function, resulting in impaired tissue nourishment. Now the tissue cells will show under the microscope their degeneration, and Holmes is prepared to show that the blood cells are the first to give evidence of this degeneration by their method of taking up stains. In other words, healthy cells give a different hue to those of tuberculous cells.

Holmes reports 100 cases examined during various stages of tuberculosis, and reaches the following conclusions:

First. The degree of the tuberculous condition may be estimated (*a*) by the amount of deviation from normal percentage of each variety of cells; by the amount of cell disintegration in each variety.

The degree of recuperative power may be estimated (*a*) by the staining power of the neuclei; (*b*) by the percentage of leucocytes, with no evidence of disintegration; (*c*) a relatively high percentage of young cells; (*d*) the abundance of well-stained granules of phagocytes; (*e*) and the abundance of eosinophile cells rich in granules.

These observations of Holmes' are well

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*Read before the Lucas County Medical Society, April 6, 1900.

worth investigation further. They appear to me to be based on the basic principle of science, and their careful observation will yield enormous results with reference to the early treatment of tuberculosis.

Regarding tuberculosis, we have been pursuing phantom treatment for many years. Would it not be well for us to consider carefully this suggestion for an early diagnosis, when the chances are and must be in favor of recovery under proper treatment.

The phagocytes of the blood render us much and valuable information. This theory, first advanced by Metchsnikoff, or rather by Sternberg and elaborated by Metchsnikoff, has been violently assailed on one side and ably defended on the other.

In brief, the claim is that the polymorpholeucocytes are the scavengers of the body, and act as warriors on the defensive when invading bacteria attack the system. The lymphoid cells or mono-neuchor leucocytes take no part in this work.

In the area involved may be found large numbers of phagocytes overcome by the bacteria or their toxines, while their neuclei show them to be disintegrating or breaking down. These are the vanquished defenders. In the area between the parts involved and sound portion may also be found large numbers of leucocytes, the neuclei of which are found in a different state, showing them to be in a normal condition and actively engulfing the bacteria within their meshes.

Thus, when the system is attacked by invading organisms, there is forthwith a large increase of leucocytosis throughout the system.

We may take advantage of this condition in making examination of the blood and it will render us valuable information. In the eruptive stages of scarlet fever we have a most extensive leucocytosis, while in measles, on the contrary, there is no increase in leucocytes. In pneumonia there is a diminution of eosinophiles or almost total absence. Thus in pneumonia in favorable cases there is a decided leucocytosis of 8 to 12 to 15 and 20,000 or more. These cases of pneumonia do well and progress to a favorable termination as a rule. On the other hand, if there is no leucocytosis, or only a slight increase, an unfavorable prognosis must be made.

In other instances examination of the blood shows the various pathogenic organisms provocative of the disease. Thus, in fatal cases of pneumonia the diplococcus of that disease is usually present in the blood. Kohn, of Berlin, reports 18 cases of pneumonia where bacteriological examinations were made. No diplococci were found. Recovery in every instance. In seven examinations where diplococci were found—fatal termination. Two examinations where the diplococci were found, recovery after production of metastasic abscess. Three cases, no bacteria in blood—death of one patient from cardiac collapse, the two others from grippal pneumonia. Two examinations, no pneumonococci—death from staphylococcus empyema. Of Kohn's 32 cases, 18 showed no infection of blood and recovery; 7 showed infection and death; 5 cases showed no growth from culture, with death from secondary causes; 2 cases showed growth of pneumonococci, and recovery after metastasic abscesses. It is remarkable that in those cases where there was no leucocytosis, diplococci were found. Probably the toxine was sufficient to overwhelm the leucocytolic process in these cases.

The blood is perfectly able to take care of non-pathogenic organisms and they are soon eliminated. They produce no disturbance in health, but in correlation with other diseases they are found in abundance. In the cadaver the colon bacillus is found most constantly in the blood. This invasion begins about the death agony, when all vital resistance has passed. This invasion must always be taken into consideration in cadaveric examinations.

Staphylococci are found in the blood as

a result of divers infections, such as furunculosis, osteomyelitis, puerperal uterine infections, surgical wounds, endocarditis. These are not constant infections. The gonococcus is found in the blood as a result of gonococci melostoses, and can often be detected in blood as result of gonorrhœal endocarditis.

Streptococcus erysipelas is found in the blood and lymph in all cases of erysipelatous infections. Streptococcus pyogenes in scarlatinal anginas, ulcerating endocarditis and acute tuberculosis. Also it is the most constant cause of death in puerperal infection. Doleris, of Paris, states that in all cases of puerperal infection in which the streptococcus pyogenes was found in the blood resulted fatally.

The typhoid bacillus can always be found in pure culture by aspirating the spleen. It is often found in the venous blood and is always the cause of typhoid phlebitis.

It can be found in the abdominal petechia of typhoid eruptions.

The methods of securing the blood require the most careful technique. The best is to cleanse the arm, ligate and aspirate 5 c. c. from the brachial vein. A drop taken from the surface can never be positively free from contamination. Again, one drop may and again may not happen to contain any bacteria. Cultures should always be made with the aspirated blood.

I consider it unnecessary to call your attention to the blood in leukemia chlorosis and allied affections. In these cases the characteristics of the red and white cells are so well known that I will not dwell on them in this paper, though their examination is a very important matter in clinical diagnosis.

In malaria a diagnosis without microscopical examination may succeed, the failures, however, will be large in an extended list.

The annual meeting of the Medical and Chirurgical Faculty of Maryland was held the last week in April. The programme included clinics and demonstrations at the Maryland General Hospital. Clinics were held by Professors Earle and Johnson, and a demonstration by Dr. Potter. Dr. Johnson's clinic included an exhibition of six cases of amputation of the leg, one amputation being done at the time, and a suprapubic cystotomy for removal of calculus. Dr. Earle showed operation for hemorrhoids, and Dr. Potter gave exhibitions of the work done by means of the projection microscope.

✣

Our alumni will regret to hear of the resignation of Prof. Brinton from the chair of Obstetrics. Dr. Brinton's intense earnestness and conscientious devotion to duty were a constant stimulus to students. He was noted for his punctual arrival at lectures and his enthusiasm in teaching, and his ability as an impressive and forceful teacher was highly rated. Dr. J. M. H. Rowland ('92) has been elected to succeed him.

✣

The new Maryland General Hospital staff took charge, on May 1st. They are: Dr. Duncan McCalman, superintendent and resident physician; Dr. E. B. Freeman, first assistant resident; Dr. Roger Brooke, second assistant; Dr. A. M. O'Brien, third assistant, and Dr. Frank W. Smith, fourth assistant. Dr. W. K. French was appointed resident physician to the Lying-in Hospital.

✣

Dr. W. G. Cooper, class of '95, died in Toledo, Ohio, in April. Dr. Cooper had been appointed assistant resident physician to the State Hospital for the Insane, at Toledo, immediately after his graduation, and held the position until a few weeks before his death.

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THE CLASS OF 1900.

Mr. Chairman, Worthy Dean of the Faculty, Professors, Honored Guests and Fellow Alumni—This occasion and these surroundings, with all their significance, bid us forget the struggle of the years and rest at ease in the consummation of cherished hopes. A great epoch has been chronicled in our lives, and now the longing of the past is a reality. With the scars of conflict still fresh, we assemble to recount the spoils of the victor and experience the pleasures attendant upon success. The clouds and shadows have disappeared like an uneasy dream, and the sun once again bursts forth in the full noon-tide of its splendor, illuminating our pathway with its golden gleams. Once a year, in accordance with a beautiful custom, the faculty and alumni of this college gather to greet one another and wish the graduates God speed on life's great journey. Will you not, therefore, for the time, allow memory to draw aside the veil which hides the dim perspective of the past and join us in the joys of the present, permitting imagination, the great dream-maker, to make you one of us, that you may retrace your steps to that happy day when, like ourselves, you paused on the threshold seeking in vain to scan the future, and, like the warriors of old, girded up your loins, eager for the fray. Experience has opened up her great book to you, and what has been written will never be effaced, while to us the page is yet a blank. And as you have laid aside "the cares that infest the day," let me ask you to recall the lines of the poet, who, in the lightness of his heart, cried out:

" Oh, make me a boy again, just for tonight,
Just for tonight, make me a boy again."

Yet, all too soon must the happiness of the hour be forgotten, for tomorrow we begin the great problems of life. But ere we say good-bye to Alma Mater and college scenes, it becomes our pleasant privilege to acknowledge our appreciation to the Faculty and Professors for the disinterested zeal shown in our behalf. A "Fidus Achates" you have been, guiding us through the labyrinth of medical lore, ever supporting our flagging footsteps and leaving us only when the final goal was reached.

Our associations with you have always been pleasant, and as years roll on, the memory of student days will ever be more endearing. You are sending us forth at a time that has no counterpart in the world's history. Never before have men demanded of each other more solid principles and the proofs of their convictions; and as the portals of a new century are soon to be crossed, a brief glance at our surroundings may not be amiss. Great civil and social questions are rocking the world on its foundations and threatening the dissolution of long-established forms of government. Enormous accumulations of wealth are banded together for the promotion of private gain, controlling the markets of the world and crushing individual enterprise. And man, pre-eminent above all earthly things, by the potency of his intellect, has pried deeply into the secrets of nature, forcing her at his bidding to give up the long hidden treasures of her storehouses, and turning his knowledge to good ends, he has conferred untold blessings on mankind. The doctor, too, ever mindful of the appalling ravages of disease and the sufferings of human kind which blight many lives and make them a weary burden, by the philanthropy of his being, has torn himself apart from the world and its allurements, and in the retreat and silence of the laboratory, has worked out many hitherto unsolved problems which shall stand lasting monuments to his fame and to the glory of his profession. Yet, in this, an age that boasts of its progress and dissemination of knowledge, we find those who set at naught these same researches of centuries, and offer in return a system of medicine so marvelously weak that it is indeed pitiable to contemplate. As in the parable of old, they have built upon a foundation of sand, and the tide of enlightenment will bury their teachings in the pitfalls they themselves have dug. There is another sect, too, whose advocates, electing to set their throne against ours by rejecting natural resources, attempt to heal by spiritual processes alone. Where grave issues are at stake, their blighting influence is felt, and we find death the dread heritage of their beliefs. Involution of intellect can alone account for such irrational teachings. Like a pestilence they have spread, deluding the minds of the unwary and taking captive those not fortified by solid principles. It therefore becomes our solemn duty as men practicing a rational system of medicine to protect the people from the dangers that menace them. Even now the note of alarm has been sounded and their existence will soon be a matter of history. This, in brief, is a resume of a few of the great questions agitating the minds of thinking men. As to their ultimate solution, the future only will reveal.

And now, my classmates, the time approaches when we must take leave of one another. The ties of friendship, hallowed by years of association, must be severed. Together we have climbed the hill; alone we must struggle on, for henceforth our pathways lie apart. And when the last farewell is spoken, many a heart will sound its note of sorrow, trying in vain to keep back emotions long suppressed—for it is hard indeed to part from friends and scenes one has been accustomed to cherish. Yet memory will ever keep them green and guard them as a sacred legacy. We go forth to begin the practice of a profession which in the whole range of material things stands without a peer. She needs no eulogies, for her triumphs are recorded as marvels in the onward progress of thought.

Like beacon lights in the centuries, we see her representatives, Titans in intellect, toiling by day and by night, that man's woes might be lessened, and thereby bringing him one step nearer the "golden age."

Much yet remains to be discovered, and may it be your good fortune, when knocking at the gateway of wisdom and exclaiming, "Open, Sesame," to be as amply rewarded as was the hero of the fable. Whatsoever land, whatsoever race, offers you its hospitality, may the blessings of fortune ever attend you. Be ever students, and as you sit by your household lares, gleaning knowledge

> " From these loved volumes
> Where the souls of the great dead walk gloriously,"

pause sometimes and think of college days. Forget not those upon whom fickle fortune frowns, for man's good will is more enduring than his gold. And far off in the distant future, when the full cycle of your years have been ground out in time's great crucible, when the loved ideals and cherished ambitions of youth have been realized, may it be said of you that you were an honor to your community, and that society was the better for your having lived.

May the pleasure be yours of looking back over a life well spent, a work well performed, a duty fearlessly done.

A. M. O'Brien.

⁂

One more commencement has become history. On April 17th, we graduated sixty-one men. The class numbered seventy—nine having failed to obtain the coveted diploma. The commencement was held in the Lyceum Theatre, in the afternoon. The exercises drew a much larger crowd than is usually present at a commencement held in the daytime. The attendance reflects the growing popularity of our school and the interest of our friends. Our loyal friend, Dr. Peregrine Wroth, was on hand to make the opening prayer. We are beginning to wonder how we shall ever get along at our commencements without the Reverend Doctor. We hope the day may be far distant. The address which is printed in this issue was delivered by Senator Olin Bryan, who has made an enviable reputation in the recent session of the State Legislature. The first prize, the Prof. W. E. Moseley Gynaecological prize, the Prof. Robt. W. Johnson Surgical prize, were all captured by Dr. J. K. B. E. Seegor, and were presented by Prof. Johnson in his usual happy manner, in a talk punctuated with some excellent hints as to future conduct. The banquet given by the faculty to the graduating class was a very pleasant affair. The spread was excellent. Prof. Hill, whose charms as a toast-master never diminish, presided. There were present, beside the faculty, alumni and students, several of the members of the Legislature and city government. Ex-Mayor Latrobe, Senators Wilkinson, and Bryan were present. Of our out-of-town alumni there were present Dr. T. Ross Payne, Dr. Hoyt, Dr. Ernest Rowland, Dr. Nichols and W. P. Miller. It is customary to say to each class that this is the best class which has ever graduated from the institution. This may or may not be true of this class, but we feel that we may say with truth that no class has ever turned out a greater number of first-class men than the class just graduated. Several of them have been appointed to hospital and college positions, and we are very glad to have them with us. Our dental class numbered twenty men, the largest class yet graduated from our Dental Department. The growth of this department has been as surprising as the growth of our medical school. The commencement exercises were well attended, and the banquet at the Eutaw House was a very pleasant affair.

✣

THE medical colleges are rapidly falling into line in the matter of athletics. Football and baseball teams are being organized, and track teams and field games of all sorts are being promoted. The question arises whether athletics have a place in strictly professional schools, such as those of law, medicine, or dentistry. The course, in many of these schools covering not more than seven months at most, is held by many to have no time to spare for athletics. The course, especially that of the medical schools, is so full of college work that to shorten it by indulgence in athletics seems to be harmful. The steady application, however, is the very thing that makes athletics necessary and desirable. It is found in many of the universities that the football men, the boat crew, or the track men, lead their classes, and not only stand well in their classes, but come out of the course with better health than those who neglect the athletic side of their education. It is certainly one of the best object-lessons to the whole class of students in any college to see the close observance to hygiene and regular habits, the rigid observance of certain rules of conduct practiced by those who desire to excel in athletic games, that could possibly be presented to them. There is an additional advantage in the good fellowship which the contest engenders. A manly, plucky fellow who can carry a football through a wall of muscular humanity bent upon stopping him, for a gain of five yards, when it is badly needed; who can, without hesitation, stop a furious rush of the opposing side, will always have and deserve the respect of his fellow-students. No man can do first-class work in athletics who is not a pretty good man in other respects.

Especially in football is heady work required. Men meet and know one another when an interest in athletics is established among them who would otherwise attend the same classes and lectures for a year without knowing each other's names. There is no aristocracy on the football field. The man who aspires to be a prize-winner in athletics must receive and obey the commands of one or more of his fellows who may be very much his inferior socially, but who have demonstrated their ability by superior work. The lesson of strict and instant obedience, without questioning; the rigid rules observed in diet, etc.; careful attention to details of organization, will give the student an idea of what may be done by organization systematically and carefully planned to accomplish a desired end, which may be useful to him in after life.

✣

OUR football schedule for next year is as follows:

Oct. 6.—Naval Academy at Annapolis.
Oct. 12.—Princeton at Baltimore.
Oct. 13.—Delaware College at Baltimore.
Oct. 20.—Gettysburg at Baltimore.
Oct. 27.—Gallaudet at Baltimore.
Oct. 31.—Mt. St. Mary's at Emmittsburg.
Nov. 3.—College of Physicians and Surgeons at Baltimore.
Nov. 10.—Duquesne Athletic Club at Pittsburg.
Nov. 17.—Open.
Nov. 24.—University of Maryland at Baltimore.

✣

DR. ARTHUR HEBB, former assistant resident physician at the Maryland General Hospital, has removed to Ohio to practice.

✣

DRS. W. A. DAVIS, ('98), T. L. Richardson ('98), and J. F. Hempel ('94), have been appointed vaccine physicians for Baltimore. Dr. Hempel is a re-appointment. Drs. Davis and Richardson are new appointments.

✣

THE newly-elected officers of the Alumni Association are as follows:

Dr. Thomas W. Keown ('95), President.
Dr. C. M. Cook ('93), Vice-President.
Dr. A. P. Herring and Dr. W. A. Davis ('94), Secretaries.
Dr. E. B. Freeman (1900), Treasurer.
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Editor Alumni Journal—Dr. J. M. H. Rowland.
Associate Editors—Dr. T. W. Keown, Dr. A. P. Herring and Dr. Duncan McCalman.

✣

DR. C. FRANK JONES ('94) has been appointed coroner for the Southwestern District of Baltimore City.

✣

DR. J. T. MCCARTHY ('93) has been appointed one of the police surgeons for Baltimore.

✣

DR. L. E. WYCKOFF ('92) committed suicide on May 7th, at Addison, W. Va., by taking hypodermatically a large dose of morphia.

✣

DR. THOMAS P. LLOYD ('96) has resigned his position as Demonstrator of Gynecology and Pathology at the Baltimore Medical College, and will go to Galveston, Texas, to form a partnership with Dr. Clarence Warfield ('91), who has a large practice in that city.

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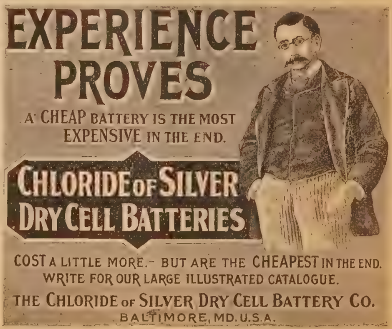

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